DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-Charles Frederick Ackerman DEATH MATED 6. AGE (IN YEARS | IF UNDER 1 YR. 4. RACE IF UNDER 24 HRS SEX DATE LAST BIRTHDAY) PRONOUNCED Male White. July 8. DEAD 1909 69 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED XX NEVER MARRIED Ohio U. S. A. DIVORCED ID CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS Cumberland Fayette St. Diversified Duties Brewery 215 Fayette St. 13d. INSIDE CITY LIMITS? Cumberland. Allegany 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE John Katherine Ackerman ADDRESS Cumberland. Md. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 214-05-4757 No Mrs. Ruth R. Ackerman. 215 Fayette St. 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY CARCINOMATOSIS. GENERALIZED IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF CARCINOMA OF LARNYX 2 YRS. Canditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 20. AUTOPSY? 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? YES | NO X 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME, 211. LOCATION 21d. INJURY OCCURRED AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STATE CITY OR TOWN Inspection XX 22a. I certify that I took charge af the remains described above, held an Undetermined manner death resulted from DATE 2/17/79 Benedict Skitarelic, M. D. ADDRESS RT. # 9 Cumberland, Md. PAGI TO F 230. BURIAL, CREMATION, REMOVAL 2/21/79 Rose Hill Cemetery Burial Cumberland, Mllegany, Maryland 24. FUNERAL DIRECTOR **DHMH** - 17 (VR A15 ME (5)) H. Wayne George 202 Greene St. Cumberland. Md. 15M7/76

STATE OF MARYLAND

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1400	EXECUTE THE CERP PAGE 4 SHOULD TO FUNERAL DIR AFTER DEATH, WIR		ACTUAL SIGNATURE	Zene	CT SKITAR	larely		Deputy Deputy		AL EXAMINER	DATE)
5	PAGE AFTER BALTIM	23a BI	(TYPE OR PRINT)	N REMOVAL 23	h DATE	Tage NAME OF	CEMETERY	P C DEMATORY	1234 100	land, Ma	coun		TATE
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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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TH	MONTH		DAY		YEA	R	2b.	но	UR

REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0 /9	027	52	
1. DECEASED NAME TYPE OR PRINT)	VIRGINIA	MARY	BANE	AST	FEBRUARY 2	MONTH DAY		: 15F	
3. SEX	4 RACE	W	5. DATE O		6. AGE (IN YEARS LAST BIRT	THDAY) # UNDE		UNDER 24	
70. BIRTHPLACE (STATE) COUNTRY) Maryland	U	OF WHAT COUN	MARRIEI WIDOWE	D NEVER MARRIED DIVORCED	P BALTIMORE CITY OF	R COUNTY OF DE	ATH		
10 CITY OR TOWN OF	SAC	RED HEA	RT HOSPI	TAL	17a. USUAL OCCUPATION OF WORK FOR MOST OF HOUSEwife	OF WORKING LIFE) INC	KIND OF BUSTRY		
Maryland	ursing home or other institut 13b COUNTY Allegany	13c CITY OF		13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS 1061 Natio	nal Highv	vay		
	es Clise	LAS	200	15. MOTHER'S MAIDEN NA FIRST Anna Tuig	WIDDLE	Eec .	LAST		
YES, NO OR UNKNOWN	ER IN U.S. ARMED FORCE (IF YES, GIVE WAR OR DATES	4.10	38 04.98	Stanley J. B		ve	APPROXIMATI SET WEEN ONSE		
PART 2 OTHER S OF THE STATE OF OPE 190 DATE OF OPE 210. ACCIDENT WAS	GNIFICANT CONDITIONS			NOT RELATED TO THE TERM	RMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 1 200. AUTOPSY? 2 200. IF YES, WERE FINDINGS US				
ZIQ. ACCIDENT WAS		OF INJURY		21c HOW INJURY OCCUR	YES NO	IN CERTIFYING	N	DEATH?	
OR CONTRIBUTING (IF EITHER, NOTIFY M 21d. INJURY OCC WHILE NO	CAUSE OF DEATH DICAL EXAMINER) URRED TWHILE		H DAY YEAR 19 DEFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TO		INTY	STATE	
220 I certify that	(1) (this hospital) attended asset aline on The control (did not) view the bit	-3	19 7 9 , or	nd that in (my) (par) opinion	deoth occurred on the de				
llu	USEN J NAME (TYPE OR PRINT)	Teas	lio. or	ATTENDING PHYSICIAN PAY ADDRESS	MEDICAL STA DIRECTOR PHYSIC	FF	1/24	4/7	
	STASKO, M.D.			924 SETON DR		LAND, MD.	2150	2	
230. BURIAL, CREMATIC (SPECIFY) Burial	2/26	/79		emetery or crematory	23d LOCATION CITY OR TOWN Cumberla		v.	STATE	
HAFER S FU	NERAL HOME,	LAVALE,	ESS	25a. DAT	R 0 1 1979	256. REDISTRAR'S		ordy.	

DHMH - 16 50M 7/77 (VR A 15 (4))

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8	FOR STATE REGISTRAR	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 9 1 2 7 5 3									
	1. DECEASED NA (TYPE OR PRINT)	ME FIRST	Carl	Benne	tt, Sr	LAST		2a. DATE KN OF E DEATH M	OWN A MON	7-79 19 15	26. HOUR
	Male Male	4. RACE White	5. DATE OF BIRTH	O3 YEAR LA	GE (IN YEARS IF UST BIRTHDAY) MON		HOURS MIN	PRONOUNCE DEAD	2-21-	79 19 3	2d. HOUR 3:55p M
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MD. 21201 EATH. IF ANY DELAY S. 1, 2, AND 3 TO II PM. 3. RETAINCACH ND 2 SHOUDOR FI VITAL RECORDS 30	Maryland	d 213		Cumber	OWN	YES X	NO THE	STREET ADDRESS	Ly St		
M G S X Y S S	Thoma	SED EVER IN U.S. ARA		Ben:	nett ECURITY NO.	Lucy 17. INFORM	rst Z AANT	MIDD	ADDRESS	Black	
RS ALTI GIVE VITH PAGE IVISIG	18. CAUSE	OF DEATH (Enter onl	V and cause per line	214-0	5-8461	Mary	C. Be	nnett,	Cumber.	I APPROXIM	ATE INTERVAL
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WR WR VAR AGE	WHILE AT WORK	OCCURRED NOT WHILE AT WORK	21e. PLACE C STREET, FACT	ORY, FARM, ETC.)	10ME, 211. LC	STREET		CITY OR TOWN		COUNTY	STATE
TO MEDICAL EXAMINER: TEXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORY TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STEAMORE, MARYLAND, 21;		Benea	e of the remains des	Accident .	Suicide [Homicion TITLE (SP Depu	ecify)	Inquiry XX Indetermined mann MEDICAL EXAMINI umberland	er , DAT SIG	E 2=27	
	230. BURIAL, CREM (SPECIFY)	ATION, REMOVAL 23	B. DATE	23c. NAME	OF CEMETERY		RY 23	Bd. LOCATION CITY OF TOWN	C	YTAUC	STAŢE
BP DHMH - 17 (VR A15 ME (5)) 15M 7/77	Burial 24. FUNERAL DIRI Kight,	Cumberl	arch2,1	ryland	21502	moria	DATE REC'I	D. BY REGISTRAR	Sh. REPOSTRAR	STANDER OF	Md.

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nding physician and c corbanpopers. Pages

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physics should be detached for use as the burial-transit permit. Then please remove carbanpape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

OR ATTENDING PHYSICIAN: The law

HOSPITAL

etained by the haspital or attending physicia

Silcox-Merritt Funeral Service Cumberland, Md

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1 -	REGISTRAR				CERTIF	ICATE OF DEATH	H	REG. NO.	19	= 0 4 1	34
		EASED NAME	FIRST		MIDDLE		AST	1/15	20. DATE OF DEATH MO		DAY YEAR	26 HOUR
			GOL	DEN	R.	BILL	ER		FEBRUARY 2:	۷, ۱	1979	1:00P _M
3.	SEX			4 RACE		S. DATE C			6. AGE (IN YEARS LAST BIRTHDA		IF UNDER 1 YEAR	IF UNDER 24 HRS
		Male	14 (45)	Whi	te	No		/	72	YRS.	AUNIHS DATS	HOURS MIN.
70		THPLACE (STATE OR F	OREIGN		WHAT COUNTR	RY? 8	D NEVER MARRIE	ъ П	9. BALTIMORE CITY OR C	OUNTY	OF DEATH	
8.3		est Virgir	nia	U.S.	Α.	WIDOWE				A	llegany	MD
10		Y OR TOWN OF DEA		I NAME OF	HOSPITAL NUR	SING HOME	R OTHER INSTITUTIO		12a. USUAL OCCUPATION		12b. KIND O	F BUSINESS OR
120		JMBERLAN			H FACILITY, GIVE STR		RIAL		Carman Help			road
2011	3a. S1	L RESIDENCE (IF NUR!	13b COUN	OTHER INSTITUTION TY	13c. CITY OR TO		13d. INSIDE CITY LIM	AITS?	13e. STREET ADDRESS			
2/2 1	Mai	ryland	Alle	gany	Cumber	land	YES NO [116 S. Smal	lwoo	d Stree	t
14	FA	THER'S NAME	M	IDDLE	LAST		15 MOTHER'S MAID	ENNAM	NE MIDDLE		LAST	1,
2//		Samue				ler	Elfe	ord			Se	
1 16		AS DECEASED EVER		AED FORCES?	166 SOCIAL SE	CURITY NO.	17 INFORMANT		ADDRESS	116	S. Smal	Iwood S
-1	(10	No	(IF YES, GIVE	WAR OR DATES	214-05	-7666	Mrs. Dais	sv B	iller	Cumb	erland.	Md
F		18 CAUSE OF DEAT	H (Enter on	v one couse ner	line for (a) (b)	and (c)	^					MATE INTERVAL
		PART I. DEATH W	VAS CAUSED	BY:	0 1	ratory	Insett	ril	neu,			
		11000	IMMEDIATI	CAUSE (8)	100		10	2,0.00	1			
-		12.33	15.1	DUE TO, O	R AS A CONSEC	THENCE GET	notheras					
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		couse (a), status underlying couse	-	DUE TO, O	RAS A CONSEC		1 Sianwid	Col	in		1035	
				(c)	Carcin		Jeg mores	-				
	Z O	PART 2. OTHER SIGN	/1	territis	ONTRIBUTING I	TO DEATH BUY	NOT RELATED TO TH	1E TERMI	NAL DISEASE OR CONDIT	ON GIVE	EN IN PART 1(c)
	CERTIFICATION	190. DATE OF OPERA	TION	196 COND	ITION FOR WHI	CH OPERATIO	N WAS PERFORMED	n			, WERE FINDIN	
	Ĕ	Jan 29	1979	Care	inoma	of Colo	w musculi	aris	YES NO		YING CAUSES	NO []
		210. ACCIDENT WAS UN	DERLYING	21b. TIME C		1	21c. HOW INJURY O	OCCURR	ED (ENTER NATURE OF INJURY IN	ITEM 18, PA	ART 1 OR PART 2)	
1		OR CONTRIBUTING		n l	M. MONTH	DAY YEAR						
	EDICAL	(IF EITHER, NOTIFY MEDIC		21e. PLACE	M. OF INJURY		21f. LOCATION					
	W.		THILE D	(AT HOME, ST	REET, FACTORY, OFFI	CE, FARM, ETC.)	STREET		CITY OR TOWN		COUNTY	STATE
		22a. I certify that (I)	(this hospit			m las	2 11 19	79	, to		19,	that (I) (we) lost
		sow the deceas obove, (1) (we) (ed olive on.	Feb.	22 19	790,0	nd that in (my) (our) o	opinion d	leath occurred on the date	ond hour	r and from the	couses stated
		22b. SIGNATURE	ala) (ala noi	view the body	offer death.		DEGREE		/		22c. DATE	SIGNED
		Rich	and .	John	dle		M.D. ATTENE		MEDICAL STAFF		2-2	22-79
		22d PHYSICIAN'S N	AME ITYPE OF	PRINTI					REENE ST.	•		, ,
1		DR. RIC	HARD	SCHIN	DLER-P.	Α			ERLAND, MD	. :	21502	
2:	3a. B	URIAL, CREMATION,	REMOVAL	23b. DATE	2	3c. NAME OF C	EMETERY OR CREMA	ATORY	23d LOCATION		COUNTY	STATE
	(5	Buria.	1	Feb 2	5/79	Sunset	Memorial	Park				
2	4. FU	INERAL DIRECTOR		TOUR		404 D	ecatur St	25a. DATE	RECHO. BY REGISTRAR 256	REGIST	RAR'S SIGNAT	URE
		NAME		1000	ADDRESS			1	EB 41 19/8	- pr	4244	Cready

DHMH - 16 50M 7/77 (VR A 15 (4))

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FEBRUARY 22, 1979 1:00P	g	8 8148	GOLDEN	
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REINE ST. SERLAND, MD. 21502			ARD SCBIND	
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BP.

DHMH - 16 50M 7/77

(VR A 15 (4))

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

300		REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0. 7	9=117	755	
200		CEASED NAME	FIRST		MIDDLE	· ·	AST	26. DATE OF DEATH	MONTH	DAY YEAR	26. HOUR A	
	,,,,,		1ARGAF	RET M	YAY B	IRMIN	SHAM	FEBRUAR'	Y 21,	1979	7:00 M	
	3. SE		1 - 1	4 RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR	(YADAY)	MONTHS DAYS	IF UNDER 24 HRS	
		Female		Whi.		Apr	. 2, DAY 1888 YEAR	90	YRS			
35	C	IRTHPLACE (STATE OR FO OUNTRY) Varyland	OREIGN		WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED	9. BALTIMORE CITY C		TY OF DEATH	MD	
eg	10 C	ITY OR TOWN OF DEA	ATH		HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	12a. USUAL OCCUPAT	F BUSINESS OR			
00		Cumberland	d		CRED HEAF		SPITAL	Housewife Own Home				
3	130	AL RESIDENCE (IF NURS STATE Md.		other institution	GIVE RESIDENCE BEFORE 13. CITY OR TOW Cumberl		13d, INSIDE CITY LIMITS? YES A NO	13e. STREET ADDRESS 302 Qu	mber.	land St.		
)//	14 F/	ATHER'S NAME FIRST Geo:		Mc Kei	nney		13 MOTHER'S MAIDEN NA FIRST			ŧAS	а	
		WAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS	Daught	ers	
E e di		no	(11-123, 014)	. WAR OR DAILS)			Ms. Mary M.	& Virginia	I,B:	irmingha	m	
, the	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:										IMATE INTERVAL ONSET AND DEATH	
ven.		PART I. DEATH W		D BY: TE CAUSE (0)	Cong	Estin	e Keart fail	uri		3	days	
		16/11/1										
E		Conditions, if any, which									1111	
		gave rise to imr	mediate	(b)_		-	N				1	
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	z	PART 2 OTHER SIGN	VIFICANT	TONDITIONS CO	ONTRIBUTING TO L	JEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION	SIVEN IN PART I(31	
9	CERTIFICATION	19a. DATE OF OPERA	TION	19b. COND	ITION FOR WHICH	N FOR WHICH OPERATION WAS PERFORMED		200 AUTOPSY?	IN CERT	YES, WERE FINDING TIFYING CAUSES		
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7		OR CONTRIBUTING		NIT I	M. MONTH DA	AY YEAR						
Ked or an	MEDICAL	216 INJURY OCCURI	RED HILE	21e PLACE			211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE	
Ē		220-1 certify that (1)		tal) attended th	ne deceased from_		, 19	, to		. 19	that (I) (we) fast	
7		sow the decease	ed alive on	t) way the back	nfter denth	, 01	nd that in (my) (our) opinion	death occurred on the d	ote and h	nour and from the	couses stated	
E		226. SIGNATURE	l ala ria	1) view the body	Offer deoffi.	10	DEGREE			22c. DATE	SIGNED	
=		2	Jean	v 13	un /	111	ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN	2/2	2/78	
2		224. PHYSICIAN'S N	, ,	1	0	10-	22e. ADDRESS	THE RELEASE			11	
MrOki Airem Zi		GEORGE	BREZA	, M.D.			EMG, 912 SETO	N DRIVE, CUM	BERLA	AND, MD.	21502	
<u> </u>	23a	BURIAL, CREMATION,	REMOVAL	23b. DATE	23c. N		EMETERY OR CREMATORY	236. LOCATION		COUNTY	STATE	
		Burial		2-24-	1979 S	S.Pet	er & Paul Cem	CITT ON TOWN	and,	Allegan		
		UNERAL DIRECTOR			108∞₩IR	GINIA	AVE 250. DAT	E REC'D, BY REGISTRAR				
	SC	CARPELLI FL	JNERAL	- HOME	CUMBERL	AND M	21502	0 10 10 10		/	/	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND

1 1				CERTIC					0 7 E C
١.	- STATE REGISTRAR			CERTIFI	CATE OF DEATH	RE	G. NO.	19=0	1130
	CEASED NAME FIRST	M	IDOLE	L/	ST	20. DATE OF DEA	TH MONTH	OAY YEAR	2b. HOUR
THE	Columbi	15		Bitt	inger		2 -	14 -79	19:20
3. SE		4. RACE		5. DATE O		6. AGE (IN YEARS LA	ST BIRTHOAY)	IF UNDER 1 YEA	
Ma	le	Caucasi	on	MONTH 4	- 12 - 04	74	YRS	MONTHS DAY	HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF V	VHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE C	ITY OR COUN	TY OF DEATH	
	Md Md	U.S.A.		WIDOWEL		Allegany	County	: Frost	burg. M
10 C	ITY OR TOWN OF DEATH				ROTHER INSTITUTION	12a. USUAL OCCU	JPATION	126. KIND	OF BUSINESS O
Fr	rostburg	Frostbu	FACILITY, GIVE STREET A		ospital, Inc	.Retired			
USU.	AL RESIDENCE (IF NURSING HOME O		GIVE RESIDENCE BEFORE	AOMISSION)					-8-
		egany	Frostbur		134 INSIDE CITY LIMITS?	Route 1	Box 33	34	
	ATHER'S NAME			-	15. MOTHER'S MAIDEN NA	AME			
	Jacob	MIDDLE	Bitting	ion	Elizabe	th	OLE		era'i r
	WAS DECEASED EVER IN U.S. AF		166 SOCIAL SECUR	RITY NO.	17. INFORMANT		DDRESS FY	ostburg	
	YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	705-12-5	933	Beverley The	omas. Med			
	18 CAUSE OF DEATH (Enter o				4	D a			XIMATE INTERVAL
	Conditions, if ony, which gove rise to immediate	DUE TO, OR	AS A CONSEQUE	non	1 attel	o Sesberia	3		
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR (b) DUE TO, OR (b) (c)	CONTRAS A CONSEQUE	har NCE OF				SIVEN IN PART	1/01
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TIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR DUE TO, OR DUE TO, OR IC) CONDITIONS CO	COVER AS A CONSEQUE	NCE OF			CONDITION C	GIVEN IN PART YES, WERE FING TIFYING CAUSI YES	INGS USED
CAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICANT	DUE TO, OR DUE TO, OR DUE TO, OR IC) CONDITIONS CO 19b. CONDITIONS HOUR A.A.	R AS A CONSEQUEI ONTRIBUTING TO D TION FOR WHICH O F INJURY M. MONTH DA	NCE OF	NOT RELATED TO THE TER/	MINAL DISEASE OR 200 AUTOPSY YES NO	20b. IF Y	YES, WERE FINE TIFYING CAUSI YES	DINGS USED ES OF DEATH?
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BP.

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DHMH - 16 50M7/77 (VR A 15 (4))

74. FUNERAL DIRECTOR
Eichhorn Funeral Home

Lonaconing,

2/17/79 Sunset Memorial Park Cumberland A. Park Cum

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARTLAND 21201
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.
TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the fundral-director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 12thours of her death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.
IMPORTANT: If Hem 21 is marked at Item 18 shaws ony injury, at other traumatic event, the medical examinermust be notified at once.

FOR STATE REGISTRAR

1. DECEASED NAME

(TYPE OR PRINT)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79=02757 CERTIFICATE OF DEATH REG. NO 20. DATE OF DEATH MONTH Margaret C. Bolton 02-08-79

	3. SEX	(4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER	
		Female	Cauc	asian	MONTH	01-10 YEAR	68	YRS.	ONTHS DAYS	HOURS	MIN
I		RTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY O		OF DEATH		
19		Barton	US	A	WIDOWE		Allegar	ny			MD.
4		TY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATI		126. KIND O	F BUSINE	
0	C	umberland	Lions	Manor N	ursi	ng Home	(TYPE OF WORK FOR MOST O) INDUSTRY	35	
	13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COUNTY All		GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Lonacon	N.	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 118 W. N	Main S	treet		
10	14 FA		Presto	n		15. MOTHER'S MAIDEN NAM	e Dye		LAS	Т	
/		VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GIVI	MED FORCES? WAR OR DATES)	166 SOCIAL SECU		Business Off	ice-Lions	Manor	Nursi	ing 1	Home
			(5	220-10-	9307	Seton Drive,	Cumberlan	nd Md.	21502		
		18. CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE								MATE INTER	DEATH
	90		E CAUSE (o)	Cerebro	vascu	lar Accident			2.	Days	
		Conditions, if ony, which	DUE TO, OF	Arterio		otic Vascular	Disease				
		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OF	R AS A CONSEQUE	NCE OF						
		PART 2. OTHER SIGNIFICANT (CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR CON	DITION GIVE	N IN PART 10) !	
	NO O										
3	CERTIFICATION	19a DATE OF OPERATION	196. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a. AUTOPSY?		WERE FINDING CAUSES		TH?
\mathcal{H}	ER	21a. ACCIDENT WAS UNDERLYING	7 216. TIME O			21c. HOW INJURY OCCURR		RY IN ITEM 18, PAI	RT 1 OR PART 2)		
1		OR CONTRIBUTING CAUSE OF DE	AIH	M. MONTH DA	YEAR						
	MEDICAL	21d INJURY OCCURRED	21e. PLACE	OF INJURY		211 LOCATION			COUNTY		
	Ž	WHILE AT WORK AT WORK	(AT HOME, STR	REET, FACTORY, OFFICE, F	ARM, ETC.)	21KEE1	CITY OR TOV	VIN.	COUNTY	51	TATE
		22a.1 certify that (1) (this hospi	tal) attended the	e deceosed from_		, 19	, to	, 1	19,	that (I) (we) lost
		saw the deceased alive an above, (1) (we) (did) (did no	t) view the body	after death.	. 01	nd that in (my) (our) apinion a	leath occurred on the d	ote and hour	and from the	couses st	oted
		226. SIGNATURE	mpl			DEGREE ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE	SIGNED 2/08,	
7		22d. PHYSICIAN'S NAME (TYPE O	R PRINT)	1 mmy		22e ADDRESS 915 S	Seton Drive				12.00
7		Michael M	ontgome	ry, M.D.			rland, Md.		2		OF EL
	23a B	BURIAL, CREMATION, REMOVAL	123b. DATE		JAME OF C	EMETERY OR CREMATORY	23d, LOCATION				

Eichhorn Funeral Home Lonaconing, Md.

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

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STATE OF MARYLAND

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executed within 24 hours after

1	FOR - STATE REGISTRAR	D	EPARTMENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	79-02759
	DECEASED NAME PER OR PRINT) STANI	EY J.	BRENNE	EMAN	20. DATE OF DEATH MONTH	1, 1979 25. HOUR 12:31
3. 5	Male	RACE Cau. White	5. DATE C		6. AGE (IN YEARS LAST BIRTHOAY)	MONTHS DAYS HOURS A
5/7/	BIRTHPLACE (STATE OR FOREIGN COUNTRY) rostburg Md	76 CITIZEN OF WHAT CO	UNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY OR COL	
potified 10.	CUMBERLAND	"MEMORITA	LE STHOSP'I	TAL	17a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	126. KIND OF BUSINESS INDUSTRY Dair Appliance
135 Tag		UNTY 13E CITY	or town cerland	13d, INSIDE CITY LIMITS?	13e. STREET ADDRESS 610 Woodlawn	Terrace
W/11	FATHER'S NAME FIRST LOUIS	Brenne		15. MOTHER'S MAIDEN NA	C.	Swauger
lea leadico	(YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	8-2420	17 INFORMANT Helen M. Bren	neman Cumberla	llawn Terrace and, Md. 21502 APPROXIMATE INTERVA BETWEEN ONSET AND DE
njury, or other traumatic ev	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost PART 2. OTHER SIGNIFICAN	DUE TO, OR AS A CO (b) DUE TO, OR AS A CO (c) CONDITIONS CONTRIBUTI	netastal Insequence of ansition	Le Carein 12 Coll Ce NOT RELATED TO THE TERM	IOMA A Juladdor. AINAL DISEASE OR CONDITION	7 Yrs.
Item 18 shows any injur	0.000.000.000.000.00	216. TIME OF INJURY HOUR A.M. MON	Divers	ONT DONE		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH YEAR OF PART 2)
is marked or I	21d INJURY OCCURRED while NOT WHILE AT WORK 220.1 certify that (1) (this has	7/1	d from	211. LOCATION STREET	CITY OR TOWN	COUNTY STA
MPORTANT: If Item 21	226. SIGNATURE Weller 226. PHYSICIAN'S NAME (TYPE	Dennel	h.	DEGREE ATTENDING PHYSICIAN [220. ADDRESS MEMO	MEDICAL STAFF DIRECTOR PHYSICIAN [DRIAL MEDICA BERLAND, MD.	
230	BURIAL, CREMATION, REMOVA (SPECIFY) BURIAL FUNERAL DIRECTOR	1-4-79	Sunset	Memorial Park	Cumberland,	Allegany, Md.
S	ilcox-Merritt F	uneral Home	umberland	i, Md.	CD (1919)	

BP.

retained by the hospital or attending physicion.

TENDING PHYSICIAN.

TO HOSPITAL

DHMH - 16 50M 7/77 (VRA 15 (4))

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STATE OF MARYLAND

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tburs, Garrett, Md.	eont tantous	redocia	7-30-S	artei
		the long of	Frantsville	ename!

MPORTANT: If Hem 21 is marked or Hem 18 shows any injury, ar other traumatic event, the medical examiner must be notified at ance.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove corbonpapers. Pages with the State Dept. af Health and Mental Hygiene priar to burial, cremation, ar removal.

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

02761

	REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO	0. 15	1-021	101
	CEASED NAME	FIRST	N	AIDDLE	L	AST	20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
(111)	E OR PRINT)	HARO	LD	D.	BR	OOKS	FEBRUARY	27,	1979	7:45AM
3 SE	X		4 RACE		5 DATE C		6 AGE (IN YEARS LAST BIRT		IF UNDER I YEAR	IF UNDER 24 HRS
	Male		White		Marc		58	YRS.	MONINS DATS	HOURS MIN.
	IRTHPLACE (STATE OR	FOREIGN 7	L CITIZEN OF	WHAT COUNTRY?	8 AAADDIE	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH	
	Maryland	3	USA		WIDOWE		Allegan	V		MD.
10 C	ITY OR TOWN OF D			OSPITAL, NURSIN	G HOME C	ROTHER INSTITUTION	120 USUAL OCCUPATION	ON		F BUSINESS OR
	CUMBER	LAND,	(IF NOT IN SUCE	OSPITAL, NURSIN H FACILITY, GIVE STREET	MEI	MORIAL	Teacher	F WORKING LIF	Educa	tion
USU	AL RESIDENCE (IF NU	IRSING HOME OR	OTHER INSTITUTION,	GIVE RESIDENCE BEFORE	ADMISSION)		A Allegan		Dagea	CION
	larvaand	13b COUN	anv	LaVale	N	13d. INSIDE CITY LIMITS?	263 Natio	nall	Highwa	37
	ATHER'S NAME			Comment of the Control of the Contro		15 MOTHER'S MAIDEN N	AME	Hall .		
	FIRST	M	NDDLE	D. C.		Possio	MIDDLE		Diron	
	Homer WAS DECEASED EVE	RIN U.S. ARA	AED FORCES?	Brooks		Bessie	ADDRE	SS	Dixon	
	YES, NO OR UNKNOWN)		WAR OR DATES)				D T	77 7 -		2 2
	No	1				Phyllis E.	Brooks, La	vale		
	18. CAUSE OF DEA			line for (a), (b), and	dici.		0		BETWEEN	MATE INTERVAL ONSET AND DEATH
	111	IMMEDIATE	E CAUSE (o)	Carc	un.	one of	eung			
	162	9	DUE TO, OF	AS A CONSEQUE	NCE OF		(
	Conditions, if or		(b)				1/18/17/11			
	gove rise to in	ting the	DUE TO, OF	AS A CONSEQUE	NCE OF					
	underlying cou	se lost.	((c)		1000					
	PART 2. OTHER SIG	GNIFICANT C	ONDITIONS CO	NTRIBUTING TO	EATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIV	EN IN PART 10	3
CERTIFICATION				AND ENGINEER						MI CAN
CA	190 DATE OF OPER	ATION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a. AUTOPSY?		S, WERE FINDIN	
TIF							YES NO	1	S 🔲	NO [
CER	210. ACCIDENT WAS U		21b. TIME OF	FINJURY M. MONTH DA	V YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJUR	RY IN ITEM 18, F	PART 1 OR PART 2)	
AL	OR CONTRIBUTING	4	TH HOUR A.7		19					
MEDICAL	21d INJURY OCCU		21e. PLACE C	OF INJURY		21f LOCATION				1
M	WHILE NOT AT V	WHILE	(AT HOME, STR	EET, FACTORY, OFFICE, F	ARM, ETC.)	STREET	CITY OR TOV	VN	COUNTY	STATE
	22a.L certify that		al) attended the	deceased from	-	7 197	6 10 2/1	7	19.79	that (I) (we) last
	sow the deced	osed alive on_	2/2	6 19.	79.01	nd that in (my) (our) apinion	n death accurred on the de	ote and hou	' /	, , , ,
	22b. SIGNATURE	(did) (did not	view the body	ofter death.	' /	DEGREE	100		22c. DATE	SIGNED
	1	150	den		W	2 17 ATTENDING	MEDICAL STAI		21	1179
	22d. PHYSICIAN'S	NAME (TYPE OR	PRINT	7			ORIAL MED		BUILDI	INC
			H. EL	DED		1161				ING
					14.45	<u> </u>	ABERLAND, N	٧٠.	21502	
23a	BURIAL, CREMATION	N, REMOVAL	23b. DATE	23c.1	NAME OF C	emetery or crematory	23d. LOCATION CITY OR TOWN	T be	COUNTY	STATE
	Burlal		march	4, /911.	TTCLE	est burial	PHCUMDELTS	ma, A	Tredan	y ma.

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

etained by the hospital or attending physician

Funeral Home, Cumberland, Maryland

March 2,79Hillcrest Burial PkCumberland, Allegany M

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FOR

- STATE

STATE OF MARYLAND	
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-02762

Female, PLACE (STATE OR FOR MARYLAN DR TOWN OF DEAT mberland,	Id U. S	te F WHAT COUNTRY? A. F HOSPITAL, NURSING	BRUNER 5. DATE OF BIRTH JULY 26, DAY 1922 EAR MARRIED NEVER MARRIED WIDOWED DIVORCED	REG. NO. 2a. DATE OF DEATH MON FEBRUARY 2 6. AGE (IN YEARS LAST BIRTHDAY 56	5, 1979 6:15PA
Female, PLACE ISTATE OR FOR PRIOR TOWN OF DEAT TOWN OF DEAT	4. RACE Wha REIGN 7b. CITIZEN O Ld U 11. NAME OI	E HOSPITAL, NURSING	DATE OF BIRTH JULY 26, 1922 EAR MARRIED NEVER MARRIED	6. AGE (IN YEARS LAST BIRTHDA) 56 9 BALTIMORE CITY OR C	Y) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
Female, PLACE (STATE OR FOR MARYLAM DR TOWN OF DEAT mberland,	4. RACE Wha REIGN 7b. CITIZEN O Ld U 11. NAME OI	E HOSPITAL, NURSING	DATE OF BIRTH JULY 26, 1922 EAR MARRIED NEVER MARRIED	56 9 BALTIMORE CITY OR CO	MONTHS DAYS HOURS MIN
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Maryland or town of deat mberland,	Id U. S	HOSPITAL, NURSING			OUNTY OF DEATH
or town of deat	TH 11. NAME OF	HOSPITAL, NURSING	WIDOWED DIVORCED		
mberland,	(IE NOT IN S				EGANY COUNTY, MI
			TESHOSP ITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO Saleslady	Drking life) 12b. KIND OF BUSINESS OF INDUSTRY Dept. Store,
land.	NG HOME OR OTHER INSTITUTION IS COUNTY Allegany	130. CITY OR TOWN Cumberlan	id, 13d. INSIDE CITY LIMITS	Balto. Pike	., Rt. # 2 Box 183
Carl	MIDDLE	Rice	Edith	Mae	Robison
					Bumb. Md. 21502 # 2 Box 183,
1629 onditions, if ony,	DUE TO.		CE OF	choc ara usuna	of
ouse (a), stating inderlying cause	the lost. DUE TO, (c)	- tu	lung		
RT 2. OTHER SIGN	IFICANT CONDITIONS	CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE TI	ERMINAL DISEASE OR CONDITI	ON GIVEN IN PART 1(0)
DATE OF OPERAT	19b. CON	DITION FOR WHICH O	PERATION WAS PERFORMED		D). IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO
CONTRIBUTING C	AUSE OF DEATH HOUR	A.M. MONTH DAY		CURRED (ENTER NATURE OF INJURY IN	ITEM 18, PART I OR PART 2)
	(AT HOME,		M, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
		the deceased from	1-29 19.7	9 to 2 - 75	19 77 , that (I) (we) los
sow the deceased above, (I) (we) (di		19	, and that in (my) (our) opin	ion death occurred on the date o	and hour and from the couses stated
saw the deceased	d alive on o	19	DEGREE		ond hour and from the couses stated 224. DATE SIGNED 2 - 2 C- 7 9
sow the deceosed above, (I) (we) (dientification) (I) (we) (dientification) (I) (I) (I) (I) (I) (I) (I) (I) (I) (I	d olive on did view the boo	y ofter death.	DEGREE ATTENDING PHYSICIAN 1220 ADDRESS	G MEDICAL STAFF N DIRECTOR ☐ PHYSICIAN	ond hour and from the couses stated 224. DATE SIGNED 2 - 2 C- 7 9
70000	RS NAME CHAPTER STORM CAUSE OF DEATH PART I. DEATH W CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING ACCIDENT WAS UNDITED CONTRIBUTING INJURY OCCURR HILE NOT WH NOT W NOT W	RS NAME CENT E CENT E DECEASED EVER IN U.S. ARMED FORCES? NO (IF YES, GIVE WAR OR DATES) CAUSE OF DEATH Enter only one couse properties of the proper	DECEASED EVER IN U.S. ARMED FORCES? LOOR UNKNOWN) LIFYES, GIVE WAR OR DATES) CAUSE OF DEATH IEnter only one cause per line for (a), (b), and (b) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) DUE TO, OR AS A CONSEQUEN CONTRIBUTING TO DE DATE OF OPERATION 19b. CONDITION FOR WHICH O ACCIDENT WAS UNDERLYING TO DE ACCIDENT WAS UNDERLYING TO AUSE OF DEATH CONTRIBUTING CAUSE OF DEATH CONTRIBUTING CAUSE OF DEATH EITHER, NOTIFY MEDICAL EXAMINER) 21b. TIME OF INJURY HUR NOTIFY MEDICAL EXAMINER) 21c. PLACE OF INJURY (CTHOME, STREET, FACTORY, OFFICE, FAR	DECEASED EVER IN U.S. ARMED FORCES? IS. MOTHER'S MAIDEN Edich DECEASED EVER IN U.S. ARMED FORCES? IOOR UNKNOWN) I (IF YES, GIVE WAR OR DATES) CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF outside of the immediate cause lost. DUE TO, OR AS A CONSEQUENCE OF outside of the immediate cause lost. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TIME OF INJURY ACCIDENT WAS UNDERLYING AC	DECEASED EVER IN U. S. ARMED FORCES? NO. CAUSE OF DEATH IEnter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) DUE TO, OR AS A CONSEQUENCE OF orderlying couse lost. CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED DUE TO, OR AS A CONSEQUENCE OF ORDER OF ORDER OF ORDITION FOR WHICH OPERATION WAS PERFORMED ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH EITHER, NOTIFY MEDICAL EXAMINER) 216. PLACE OF INJURY NIJURY OCCURRED 116. SOCIAL SECURITY NO. 117. INFORMANT ADDRESS Mt. Joseph F. Bruner, Rt. 117. INFORMANT ADDRESS Mt. Joseph F. Bruner, Rt. 118. MOTHER'S MAIDEN NAME Edith Made 119. LOCATION STREET CITY OR TOWN 119. LOCATION STREET CITY OR TOWN 119. LOCATION STREET CITY OR TOWN

DHMH - 16 50M 7/77 (VR A 15 (4))

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	1-	STATE REGISTRAR				CERTIFICATE		REG. NO. 79	7-02763
SSST.		CEASED NAME FIR		MIDDLE	Clark	LAST	20. DATE KN	HINOW NONTH	DAY YEAR 25. HOUR 28-79 3:15
N NECESSARY, PLEASE FUNERAL DIRECTOR. 5 FOR YOUR FILES. D. WITHIN 72 HOURS W. PRESTON STREET,	3. SEX	ale White	5. DATE OF BIRTH MONTH DAY 2-15-0	YEAR)1	6. AGE (IN YEARS IF LAST BIRTHDAY) MO	UNDER 1 YR. IF UND	ER 24 HRS. 2c. DATE PRONOUNCE DEAD	HINOM	DAY YEAR 2d HOUR 28-7,9 3:15P
MECESSA TUNERAL S FOR Y WITHIN	L	RTHPLACE (STATE OR REIGN COUNTRY) Onaconing	76. CITIZEN OF WH	SA	WIDO		RRIED 🔲	RECITY OR COUNT legany	Y OF DEATH
PAGE PAGE S, 301	F	rostburg	Frostbi	T'g		y Hospita	FOR MOST OF WORKING	ON (TYPE OF WORK G LIFE) d Miner	12b. KIND OF BUSINESS OR INDUSTRY
ANY [ND 3 RETAIN OULD SICORE	130. S M	aryland A	one or other institution, giv OUNTY 11egany	13c. CITY	BEFORE ADMISSION) OR TOWN ACONING	13d. INSIDE CITY LIMITS	13e. STREET ADDRESS Route	業 1	
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GIVE PA	16a. V		, GIVE WAR OR DATES)	21	7-03-777	1 Bever	ly Thomas,	Medical	Ricords
ITHIN 24 HOURS AFTER DEATH. IF IL IN TERM 18. GIVE PAGES 1, 2, 4 IER ALONG WITH FORM PM. 3: NSIT PERMIT. PAGES 1 AND 2 SH IL HYGIENE, DIVISION OF VITAL RI OVAL.		18 CAUSE OF DEATH (Ent PART I DEATH WAS CA	AUSED BY: EDIATE CAUSE (a)	D	ehydrati	on; Ren	al Failure		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ENCIL IN IN AMINER ALL AMINER ALL TRANSIT PENTAL HYGEROVAL.		Canditians, if any, w gave rise ta immed	rhich diate (b)	F		of Lowe	r Legs		26 Days
EX PAIN P		cause (a) stating the <u>ur</u> lying cause last.	(c)	(F		out at			
BE EN VDING AEDIC AS A ALTH A MATIC	NOI	PART 2 OTHER SIGNIFICANT CONDI	Chronic A	lcoh	olism		PART 1 (a).		
SOED A	CERTIFICATION	190. DATE OF OPERATION	A HEAD OF STREET		WHICH OPERATION				20. AUTOPSY? YES NO NO
3 THE TO TO SHOUL	MEDICAL CE	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE	OF DEATH 6 P.M.	2-2-	79 19 F	ire went	out at ho		л 2)
WR VAR AGE 201	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE O STREET, FACTO HO	ORY, FARM, ET		Rt.#1, L	onaconing,	Allegai	ny, Marylan
MINER: IFICATE, BE FORV CTOR: P H THE ST AND, 21			charge of the remains desc	ribed abo		npsy , Inspect	tian , Inquiry Undetermined mann		inian
AL EXAL HE CERT HOULD AL DIRE ITH, WITH,		ACTUAL BEN	redict	kil	arelie	Deput	YMEDICAL EXAMIN	DATE ER SIGNEI	3-26-79
TO MEDICAL EXAMINER: TEXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PATER DEATH, WITH THE ST BATTIMORE, MARYLAND, 217		EXAMINER'S NAME BO				_ADDRESS		ind, Mary	yland 21502
BP	(5	JRIAL, CREMATION, REMOV PECIFY BURIAL JNERAL DIRECTOR	3-3-79		t.View (Cemetery	23d. LOCATION CITY OR TOWN MOSCOW,	Alleg.	, Maryland
DHMH - 17 R A15 ME (5)) 15M 7/77	E	ichhorn Fu	neral Home	, Lon	aconing	242	PR 9 1979	25b. REGISTRAR'S SI	Beckredy

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1-	STATE REGISTRAR			DICAL EXAM					7	9-0	276	4
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(14	PE OR PRINT)	Ida	1	Pearl	Coo	kerly		OF DEATH W	ATED	Feb. 2	2,1979	9:5
3. SE	× emale	4. RACE Whate	5. DATE OF BIRTH MONTH DAY Apr. 14.	YEAR LAST BIRT	YEARS IF UND	DER 1 YR. IF	UNDER 24 HRS		FD .	MONTH D/	19 79	29 HO3
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13a. S	AL RESIDENCE STATE Marylan	d 13b. Coun	or other institution, GIV ITY egany	13 CITY OR TOWN	ind,	YES YES	MITS? 13e. 5	24 Gree	ne St			
	WILLIA		MIDDLE	Sleeman		15. MOTHER'S FIRST Marg	MAIDEN NAM	ME MIDE	DLE (/	М	cFarlo	und
160.	WAS DECEASE	D EVER IN U.S. AR		16b. SOCIAL SECUI		7. INFORMAL			ADDRESS		2750	
()	NO.	OWN) (IF YES, GIVE	WAR OR DATES)	212-38-6	171	Mrs.	George	M. Youn	9, 74			
	18 CAUSE C	EATH WAS CAUSE	nly ane cause per line D BY: TE CAUSE (a)		erebra	e arti	erioscl	erosis		Seve	APPROXIMATE ETWEEN ONSE INC. YE	AND DEAT
		ns, if any, which		AS A CONSEQUENC		sclero	sis, ge	neraliz	ed		Year	S
	lying car) stating the <u>under</u> use last.	DUE TO, OR	AS A CONSEQUENC	E OF					1.0		
NO	PART 2 OTNER S	IGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	BUT NOT RELATED TO THE TO TURE Left		DR CONDITION GI	/EN IN PART 1 (o).					
CATI	19a. DATE OF	OPERATION	19b. CONDIT	ION FOR WHICH OF	PERATION WA				10.0	20	. AUTOPSY	
CERTIFICATION		11-79	Or	oen reduct							YES 🗆	NO Z
	UNDERLYING	AL CAUSE WAS OR NG X YAUSE OF	21b. TIME OF HOUR A.M.	MONTH DAY YE	AR		Bathroo	ER NATURE OF INJUR	Y IN ITEM 18 PA	ART 1 OR PART 2)		
MEDICAL	21d. INJURY	OCCURRED	21e. PLACE C	FINJURY (ATHOME	21f. LOC	ATION				COLINTY		STATE
-	AT WORK	NOT WHILE [x Nur	ing Home	Cu	mberla	nd Nurs	ing Hom	e, Cum	berlan	d, Md	Alle
			ge af the remains desc				spection XX			l in my apiniar		
100	death result	ed fram: Natu	ral causes :;	Accident X,	Suicide	Hamicide		etermined mann	ner 🔲,			
		112	1 +1	bitasel	rel M.C			DICAL EXAMIN		DATE ,	2-22-7	19
	ACTUAL SIGNATURE	Lleve	act xx	, coco-c	M.L	. V CUUV	ME	DICALEXAMIN	IER	SIGNED		8
-	SIGNATURE	NAME Bened	ict Skita					erland,			1502	

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MPORTANT: If them 21 is marked or Item 18 shows any

DHMH - 16 50M 7/77 (VR A 15 (4))

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-02765

							REG. N	O.			
1. DECEASED NAME FIRST (TYPE OR PRINT)	- N	AIDDLE	ĮA:	ST	30/10	20. DATE O			DAY	YEAR	2b. HOUR
THELMA	A R	ebecca	CRY	/DER		FEBRU	JARY	17.1	979		3:00
3. SEX	4 RACE		5. DATE OF			6. AGE (INY	EARS LAST BIRT	THDAY)		RIYEAR	IF UNDER 24
FEMALE	WHITE		MONTH	13	YEAR 3	1 8 1	6	5 YRS.	MONTHS	DAYS	HOURS
70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF V	WHAT COUNTRY?	8 MARRIED	NEVERA	AAPPIED [9 BALTIMO	RE CITY O	R COUNT	TY OF DE	ATH	- / / -
MARYLAND	USA		WIDOWED		VORCED	ALLEC	GANY				
10 CITY OR TOWN OF DEATH CUMBERLAND	11. NAME OF H	HOSPITAL, NURSIN H FACILITY, GIVE STREET A MANOR N	G HOME OF	OTHER INST	TITUTION E	120. USUAL TWPE OF WOR	OCCUPATION OF O		LIFE) 12b.	KIND O DUSTRY elan	ese S
USUAL RESIDENCE (IF NURSING HOME OF 130. STATE 136. COU		GIVE RESIDENCE BEFORE 13c. CITY OR TOWN CUMBERL	N.	13d. INSIDE CI	ITY LIMITS?	13e. STREET 226 (ADDRESS JN I ON	STR	EET		
CHARLES P	LMER	VALENTI			MAIDEN NA FIRST ARY	ELIZ#	MIDOLE	1	KRAU	S	
160. WAS DECEASED EVER IN U.S. AF	RMED FORCES?	16b. SOCIAL SECU	RITY NO.	17. INFORMA	NT	X 4 2	ADDRE	ESS		100	
No.	3.3	217-10-7	7050	LIONS	MANOR	NURSI	ING H	OME.	CUMB	ERL	AND M
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gave rise to immediate couse (a), stating the underlying couse last	(c)		DEATH BUT N			20g. AUTO	OPSY?	20b. IF YI	ES, WERE	FINDIN	IGS USED OF DEATH?
gave rise to immediate couse (a), stating the underlying couse last	(c) CONDITIONS <u>CO</u>	NTRIBUTING TO D	DEATH BUT N	WAS PERFO	RMED	20g. AUTO	DPSY?	20b. IF YI IN CERT	ES, WERE IFYING C	FINDIN	IGS USED
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GOVE 101, stating the underlying couse lost lost lost lost lost lost lost lost	21b. TIME OF HOUR A.A. 21e. PLACE C (AT HOME, STREET) SR PRINT) COMPLETE 2/20/2	TION FOR WHICH IT INJURY M. MONTH DA A. OF INJURY EET, FACTORY, OFFICE, F/ other death. M. D. 133. N Hi	OPERATION Y YEAR 19 ARM, ETC.) IAME OF CE	216. HOW IN. 216. LOCATIC STREET 2 6 4 that in (my) 6GREE 22e ADDRES: 915 METERY OR CO.	JURY OCCURION (OUR) apinian (STENDING PHYSICIAN ESECON	200. AUTO YES RED (ENTER NA deoth occurre Dr. Cu 236. LOC. Cumb	DPSY? NOTE ITURE OF INJUR CITY OR TOWN THE DESTRUCTION STAR PHYSIC	20b. IF YIN LERT IN CERT IN TEM 18 YOU To the ond hoteler ond hote	COUNTY	PART 2)	STATE

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corbonpopers. Pages 1 and 2 should be filed within 72 ha

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injury, or other troumotic event, the

should be detoched for use as the burial-fransit permit. Then please remove carbanpape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal certificate has bee

IMPORTANT: If Item 21 is morked or Item 18 shows ony

24 FUNERAL DIRECTOR

Allen M. Rotruck Keyser, W. Va.

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-02766

BY REGISTRAR 256 REGISTRAR'S SIGNATURE
7 1979 Refrey Reclaudy

25a. DATE REC'D.

REGISTRAF	2			CERTIF	ICATE OF DEATH	RE	G. NO.	3 02.	0 0
1. DECEASED NAM	AE FIRST		WIDOLE	1	ASI	20. DATE OF DEA	Н монтн	DAY YEAR	26 HOUR
	Lucian		A.	Dav	is	Feb,	26.	1979	5:35 PM
3. SEX		4 RACE		5. DATE C		6 AGE (IN YEARS LA	T BIRTHDAY)	IF UNDER I YEAR	
Male		White		Sept		76	Y	MONTHS DAYS	HOURS MIN
7a. BIRTHPLACE	STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CI			
	Va.	U.S.A		WIDOWE		Allego	nv		MC
18. CITY OR TOWN		11. NAME OF	HOSPITAL, NURSIN	NG HOME C	OR OTHER INSTITUTION	120 USUAL OCCU	PATION		OF BUSINESS OR
Cumbe	rland &		ch FACILITY, GIVE STREET erland N		a Home	Retired			inter
USUAL RESIDENCE	E (IF NURSING, HOME O	R OTHER INSTITUTION	, GIVE RESIDENCE BEFOR	E ADMISSION)				1 Fu	titer
130 STATE	136 COU		13c. CITY OR TOW	/N	13d INSIDE CITY LIMITS?	13e STREET ADOR		64	
14 FATHER'S NAM		eral	Keyser		15 MOTHER'S MAIDEN N	338 S.	Main	51.	
FIRST	T	WIDOLE	LAST		FIRST	& MIDE	PLE .	1/	AST
Davi			Davis		Mary	E.	DDRESS	Guesmai	n , ,
(YES, NO OR UNK	ED EVER IN U.S. AR	E WAR OR DATES)	166 SOCIAL SECU	JRIIY NO.	17 INFORMANT				W. Va.
No		19 St 10	Unknown		J. Arnold	Davis342	1/2 5.		yser
couse to underlying PART 2 OT		(c)	OR AS A CONSEQUI		NOT RELATED TO THE TER	rminal disease or (CONDITION	GIVEN IN PART 1	(0)
01			No	-					
THE CERTIFIC OF THE CATION OF	Noul_	196. COND	ition for which	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CI	FYES, WERE FIND ERTIFYING CAUSE YES	
OR CONTRIBU	IT WAS UNDERLYING THE CAUSE OF CENTER MEDICAL EMAN MET	ATH HOUR A	.M. MONTH D.	AY YEAR	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF	INJURY IN ITEA	vi 18, PART 1 OR PART 2)	
AT WORK	NOT WHILE AT WORK	{AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F		21f LOCATION STREET		RTOWN	COUNTY	STATE
sow th	that (I) (this hasp e deceased alive or (I) (we) (did) (did no	211	Feb 192		nd that in (my) (our) opinio		he dote one	hour and from the	, that (I) (we) lost e couses stated
22d. PHYSIC	TURE AND LUI IAN'S NAME (TYPE C	AND DE PRINT)	usbain	41	ATTENDING PHYSICIAN		STAFF IYSICIAN [/	E SIGNED
MAR	TIN M. RO	OTHS TELL			45 BROADO		STEU	RG - Ma	1.21532
(SPECIFY)	MATION, REMOVAL			NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	1.1	COUNTY	1 STATE
В	urial	1 Mar	ch 79 Q	ueen	s Point	Keyser	. 1	ineral !	W. Va.

BP.

TO FUNERAL DIRECTOR: After this

TO HOSPITAL OR ATTENDING PHYSICIAN, The low retained by the haspital or attending physician

DHMH - 16 50M 1/76 (VR A 15 (4))

LINE TO THE SERVICE OF THE SERVICE STATES OF THE SERVICE OF THE SE Allega DV 1901 for Inch M. teachy We Van Ussala Consertend Combertens Nursing Money Relief . Ve. Digital . Mayaon X 333 S. Loin St. David II. Savis IIII Savis discount d. ruot bavisses . Sin forcer, Marie Carette Willer . The see And the second s marial tranships ducents to the contact. The same Atton M. Cotouck Covern II. Va.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-02767 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-Dugan Cora Belle Feb.3 DEATH MATED 6. AGE (IN YEARS IF UNDER I YR. 4 RACE IE UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED Female White DEAD May 8, 1891 87 YRS 79 BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRYS 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Allegany Maryland USA WIDOWED X DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 170. USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY LIE NOT IN SUCH FACILITY GIVE STREET ADDRESS! Cumberland Own Home Memorial Hospital Housewife USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13a. STATE 13c CITY OR TOWN Cumberland 523 Favette St Allegany Md 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE WITH FORM PM T. PAGES 1 AND 2 DIVISION OF VITA FIRST Jacob H. Shinholt. Lulu Briggs 17. INFORMANT I 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES Mrs. E. Vernon Kroll, Cumberland, Niece no 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH Coronary Occlusion PART I DEATH WAS CAUSED BY BURIAL-TRANSIT PERMIT sudden IMMEDIATE CAUSE (a)-DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which Coronary Sclerosis gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL, NO to BE 2 In EXTERNAL CAUSE WAS 716 TIME OF INIURY TIC HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21f. LOCATION 21 e. PLACE OF INJURY (AT HOME. STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY NOT WHILE AT WORK AT WORK PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 213 Inspection X Inquiry X 220. I certify that I taak charge of the remains described above, held an Autopsy and in my apinian Hamicide Undetermined manner Natural causes TITLE (SPECIFY) Feb. 3.1979 Deputy MEDICAL EXAMINER EXAMINER'S NAME Cumberland . Md . Dr. Benedict Skitarelic MD ADDRESS (TYPE OR PRINT) 136 NAME OF CEMETERY OR CREMATORY 23d. LOCATION 730 BURIAL CREMATION REMOVAL 236 DATE STATE St. Patricks Cemetery Cumberland, Allegany, Md BP Burial 250. DATE REC'D. BY REGISTRAR 1756. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **DHMH-17** (VR A15 ME (5)) James F. Scarpelli, Cumberland, Md. 15M 7/76

19-02767

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FOR STATE

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	1-	STATE			DEPARTM		EALTH AND MENTAL HYC	FIENE	19	- 17 7	110
		REGISTRAR						REG. N			
		CEASED NAME ORPRINT)	FIRST	^	MIDDLE		AST	20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
		E	BENSON		BRANT	FLA	NAGAN	FEBRUAR		1979	4:45P M
	3. SEX			4. RACE		5 DATE C		6. AGE (IN YEARS LAST BI	RTHDAY)	MONTHS DAY	
		Male		White		July		51	YRS.	J. C. C.	
1		RTHPLACE (STATE OR FO	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	OF DEATH	
5		Pennsylvar	nia	USA		WIDOWE		A	LLEGAN	Y COUN	VTY. MD.
1	10. CI	TY OR TOWN OF DEA	ATH		HOSPITAL, NURSIN		R OTHER INSTITUTION	12a USUAL OCCUPAT			OF BUSINESS OR
1		umberland	/	S	ACRED HEA	ART H	SPITAL	Conductor			ilroad
1	USUA 13a. S	AL RESIDENCE (IF NURS	136 COUN	OTHER INSTITUTION,	GIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS			
2	Tal	. Va.	Mine	eral	Ridgeley		YES X NO	Carpente	rs Add	dition	
1	14. FA	THER'S NAME		AIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME			LAST
4				Flanag			7.851	Elsie H	arper		
-		VAS DECEASED EVER	IN U.S. AR		166 SOCIAL SECUI	RITY NO.	17 INFORMANT	ADD	ESS		
3	(1)	Yes			232-42-26	686	Mrs. Isabel	le Flanagar	, Ride	geley,	Wife
		18. CAUSE OF DEAT	H (Enter on	y one couse per	line for (p), (b), and	tenn		/		BETWEE	OXIMATE INTERVAL EN ONSET AND DEATH
	10	PART I. DEATH W		DBY: E CAUSE (o)	netarta	w	adenocarce	usna kid	nen		sulas
	51	1890			R AS A CONSEQUE	NCE OF					8
		Conditions, if any,		(b)							
		gove rise to immore couse (0), status	ng the	DUE TO, OF	R AS A CONSEQUE	NCE OF					
		underlying couse	lost.	(c)		11					
	_	PART 2 OTHER SIGN	NIFICANT	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR COM	DITION GIV	EN IN PART	lloi
	CERTIFICATION										
1	CA	19a DATE OF OPERA	TION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		S, WERE FINE	DINGS USED ES OF DEATH?
	TE					200		YES NO	1	s 🗌	NO 🗌
7		216. ACCIDENT WAS UNI		110110 1	FINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	JRY IN ITEM 18,	PART I OR PART 2)
	EDICAL	(IF EITHER, NOTIFY MEDIC		P./		19					
	Ē	21d. INJURY OCCUR		21e. PLACE O	OF INJURY	ARM FTC)	21f. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	\$	AT WORK AT WO	ORK D	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	er, meroki, orner, i						
		22a.1 certify that (I)	(this hospit	ol) ottended the	e deceosed from _		, 19	, to	.,	19	, that (I) (we) lost
		sow the decease above (V (we) to	ed olive on did) (did no	view the body	ofter deoth.	, or	nd that in (my) (our) opinion	death occurred on the	date and had	r and from th	he couses stated
		226. SIGNATURE		13		MX	PEGREE			22c. DA	TE SIGNED
		100	y	D	7	1110	ATTENDING PHYSICIAN [MEDICAL STA		2/	22/75
1		22d. PHYSICHARY'S N.	AME SYPE OF	PRINT)	0		22e ADDRESS			1	/

231. NAME OF CEMETERY OR CREMATORY

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

IMPORTANT: If Item 21 is marked or Item 18 shows any

24. FUNERAL DIRECTOR **SCARPELLI**

230. BURIAL, CREMATION, REMOVAL SPECIFY Burial

GEORGE

10800 IRGINIA AVENUE CUMBERLAND, MD. 21502 **FUNERAL** HOME

23b. DATE

2-24-1979

Red Creek, W. Flanagan Hill Cem. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

STATE

Va.

79-02770				
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-02772

	١.	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0	02.		
		CEASED NAME	FIRST	,	AIDDLE	-	AST	20. DATE OF DEATH		DAY YEAR	2b. H	OUR
	TITPE	ORPRINT)	ANNA	CAT	HERINE	G 1	LES	FEBRUARY	1, 197	79	12	:55AM
	3 SE	Υ	11/1/15	4 RACE	CELHILL	5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YE		DER 24 HRS
		FEMALE		WHI	ITE	JAN.	21, 1902	77	YRS.	MONTHS DAT	5 MOUR	S MIN.
36	Ja. BI	RTHPLACE (STATE OR DUNTRY) ARYLAND	FOREIGN	U. S.	A.	8. MARRIE WIDOWE	DE NEVER MARRIED	9 BALTIMORE CITY OF	_			MD.
52		TY OR TOWN OF DE	ATH	(IF NOT IN SUC	HOSPITAL, NURSING HEACILITY, GIVE STREET A	G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF TEXTILE		FE) INDUSTE	Y Y	CORP
34	13a S	AL RESIDENCE (IF NUI	13b. COUN	OTHER INSTITUTION,		ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 85 BOWER	Y STR			
010	14 FA	DAVID		MIDDLE MC	RGAN		15. MOTHER'S MAIDEN NAME ELLEN	ME MIDDLE	F	OUTZ	LAST	TEN
1		VAS DECEASED EVE (ES, NO OR UNKNOWN) NO		MED FORCES? E WAR OR DATES}	215-20-6		JAMES MORGAN	, MT. PLEAS		PA.		
2	CERTIFICATION	Conditions, if on gove rise to in couse (o), statunderlying couse (o) and DATE OF OPER.	y, which mediate ing the e lost SNIFICANT	DUE TO, OF CONDITIONS CO.	TION FOR WHICH	NCE OF NCE OF DEATH BUT OPERATIO	NOT RELATED TO THE TERM WAS PERFORMED 216. HOW INJURY OCCUR!	200 AUTOPSY?	20b. IF YES	S, WERE FINI FYING CAUS	DINGS US ES OF DE NO	ATH?
	MEDICAL	22a. I certify that	CAL EXAMINER) RRED WHILE ORK I) this hospi	P./ 21e PLACE ((AT HOME, STR	M. DF INJURY EET, FACTORY, OFFICE, FA	19 ARM, ETC.)	211 LOCATION STREET 19 19 d that in (my)(our) opinion	CITY OR TO	el-	COUNTY		STATE)(we) last stoted
1		22b. SIGNATURE	TAME (TYPE O	R PRINT)	GER, M.D.	eles.	ALTENDING PHYSICIAN CE	MEDICAL STA	CIAN	18	D. 2	79
	(:	BURIAL BURIA		23b. DATE FEB. 3			EMETERY OR CREMATORY RG MEMORIAL P.	23d LOCATION CITY OR TOWN	TBURG,	соинту		STATE
	24 FL	INERAL DIRECTOR JRST FUNER	RAL HO	ME, 57 F	ROST AVE	FROS	TBURG, MD.	EREC'D. BY REGISTRAN	25b. REGIST	RAR'S SIGN		eody

DHMH - 16 50M 7/77 (VR A 15 (4))

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	STATE STATE OF THE			02VAC
	, 15. PEACHT, PA.	March Carac	(25) m(5 m 27)	
2. 2	ATHE ST., CHANERLAND, N		II TEN BRESK, N.O.	
		OST WAG, NO.	HARE, ST FACT AVE. FR	JAMEST FUNERAL

S	T	A	TE	OF	M	ARY	LAND
	-	_					

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-02773

Y,	1-	STATE REGISTRAR		CERTI	FICATE OF DEATH	79- (12113
		CEASED NAME FIRST Edga	r, CJAM	ES G	olden	February	22,1979 2b. HOUR 4:45AM
Ď	3. SEX	MALE	4. RACE WHITE		OF BIRTH 10, D1897 YEAR	6 AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS HOURS MIN
15	7a 81	RTHPLACE (STATE OR FOREIGN OUNTRY) PA .	76. CITIZEN OF WHAT USA	COUNTRY? 8 MARRI WIDOW	ED NEVER MARRIED	9. BALTIMORE CITY OR CO	
70	10 CI	CUMBERLAND	11. NAME OF HOSPIT	AL, NURSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR DOPERT
35	73a S	AL RESIDENCE (IF NURSING HOME OF STATE 135 COULT ALLE		SIDENCE BEFORE ADMISSION MBERLAND	13d INSIDE CITY LIMITS? YES NO A	RFD# 4 OLDTO	OWN ROAD
10	14 FA	THER'S NAME UNKNOWN	WIDDLE	LAST	15 MOTHER'S MAIDEN NA	IKNOWN MIDDLE	LAST
1	160 V	VAS DECEASED EVER IN U.S. AR YES NOOR UNKNOWN) (IF YES, GIVI	1111 - 5 - 0	4-07-1236	JULIA GOLDEN	RFD# 4 BOX 2	26 OLDTOWN ROAD
2	CERTIFICATION	18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate cause to stoling the underlying cause lost. PART 2 OTHER SIGNIFICANT (19a DATE OF OPERATION)	DUE TO, OR AS A (b) DUE TO, OR AS A (c) ONDITIONS CONTRIB	CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF	TNOT RELATED TO THE TERM SAL MASSIUM	Writarytes	ON GIVEN IN PART 110 COLUMN TO THE CAUSE OF DEATH? YES NO
9	MEDICAL CER	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	P.M. 21e PLACE OF INJ	ONTH DAY YEAR	216. HOW INJURY OCCUR! 216. LOCATION STREET	RED (ENTER NATURE OF INJURY IN I	COUNTY STATE
		220.1 certify that (1) (this haspi saw the deceased alive an above, (1) (we) (did) (did no 22b. SIGNATURE				MEDICAL STAFF	19 79 that (II (we) lost and hour and from the causes stated 22c DATE SIGNED 2 22 79
1		22d. PHYSICIAN'S NAME (TYPE O	TOPPER	HA	Aysilman	u ba	
	23a. 8	BURIAL, CREMATION, REMOVAL BURIAL	FEB 24 19	79 fort a	Shby CEMETERY	FORT ASHBY	MINERAL W, VASTATE
		UNERAL DIRECTOR ITCOX-MERRITT F	UNERAL SER	VICE CUMB	ERLAND MD 250. DAT	FRECIA BY REGISTRAP 256.	REGISTRAR'S SIGNATURE

DHMH - 16 60M 1/75 (VR A 15 (4))

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	27 S. 72 W.		. 184	
MVS AND THE STREET		A 1 19 4 1 1 1		

3.1	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 7	9-02774
		CEASED NAME FIRST OR PRINT)	MIDDLE	LASI	2a. DATE OF DEATH	MONTH DAY YEAR 26 HOUR
	3. SE.	Anni	B. I RACE LIDITE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS MOURS MIN
e e		RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNTRY?	9 - 16 - 1899 8 MARRIED NEVER MARRIED	9 BAITIMORE CITY (YRS. DR COUNTY OF DEATH
:70	N	orth Caroline	American	WIDOWED DIVORCED DIVORCED DIVORCED DIVORCED	MALE	SANY ME
15/	F	TO STOUTG	PROSTBURG COM		120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O	
must be		TATE ARYLAND ARYLAND		N 136 INSIDE CITY LIMITS?	130 STREET ADDRESS	MAIN ST.
O / Gamine		Amos h	MODLE CONNE		TTA MIDDLE	IVES
e medicol	16a V	/AS DECEASED EVER IN U.S. AR/ es, no or inknown) (IF yes, give	MED FORCES? 166 SOCIAL SECU WAR OR DATES) 229-09-	17. INFORMANT	H BURTON.	FROSTEURG, Mp.
ent, the		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	DBY: A Cut	i auscal	J 9 d	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ofic ev		3951	DUE TO, OR AS A CONSEOU	ENCE OF A		10
other troumotic		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	due to, or as a conseou	fel we fre	4. tas	Va.
Jury, or	NO	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER.	MINAL DISEASE OR CON	UDITION GIVEN IN PART 1(a)
woods only	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20g AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
Item 18 sh		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		AY YEAR	RRED (ENTER NATURE OF INJU	DRY IN ITEM 18, PART I OR PART 2)
morked or I	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211 LOCATION STREET	CITY OR TO	WN COUNTY STATE
21 is		22a.1 certify that (1) (this hospit sow the deceosed alive an above, (1) (we) (did) (did not	tal) ottended the deceased fram		, ta n death occurred an the o	, 19, that (I) (we) lost late and hour and from the causes stated
ANT: If hem		22b. SIGNATURE	Eljen	DE GREE ATTENDING PHYSICIAN	MEDICAL STA	
IMPORTAR		22d. PHYSICIAN'S NAME (TYPE OF	reat T Ces	2 22e. ADDRESS 48	- Tary	Terroce, Trosk
<	23a (URIAL, CREMATION, REMOVAL	236. DATE 23c.	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	RERN No CAROLLAN
777	24. FI	INERAL DIRECTOR NAME DURSE FUNCERA	A HAME FRANCE	ERUPC MA Sto. DA	EB 2 2 1979	256. REGISTRAR'S SIGNATURE
	1	00100101010101	- 110116 / 110 3/1	10.00		

	1 -	FOR STATE REGISTRAR			DEPARTM	NENT OF H	OF MARYLAND EALTH AND MENTAL H ICATE OF DEATH	YGIENE	REG. NO.	79-	027	75
m.s		CEASED NAME OR PRINT)	FIRST		MIDDLE	10	AST	20. DATE OF	DEATH MONTH	OAY	YEAR 2	b. HOUR
death		Ro	bert	J.		Gra	ham	F	ebruary	13, 1	1979	3:25 N
	3. SEX	162 E/4 (1 = E		4 RACE		S. SATE O		6. AGE INYE	ARS LAST BIRTHOAY)	IF UNOE		F UNOER 24 HRS
ector irs af	M	ale		Cauca	sian \	/11 -	13 - 79	80	Y	RS.	OAIS I	OOKS MILT.
hou hou		THPLACE (STATE OR FO	REIGN	76. CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMO	RE CITY OR COU	NTY OF DE	HTA	
nero n 72		t. Savage	, Md.	USA		WIDOWE		477	gany			MC
within within		Y OR TOWN OF DEA			HOSPITAL, NURSING		ROTHER INSTITUTION		OCCUPATION FOR MOST OF WORKIN		KIND OF E	BUSINESS OR
of notify	C	umberland			Manor N		g Home		nist-B&C		ailr	oad
filled in ould be f	13a. S	L RESIDENCE (IF NURS TATE aryland	136 COUN	other institution ITY Legany	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Cumber 1	V _ [13d. INSIDE CITY LIMITS?		ADDRESS Arch St.			
etely 1 2 sh mine		THER'S NAME FIRST Dert		MIDDLE	Graham		15. MOTHER'S MAIDEN IN FIRST	NAME	MIDDLE	Morga	an	T all
0	(Y)	AS DECEASED EVER ES, NO OR UNKNOWN)		MED FORCES? WAR OR DATES)	705-05-		Business O. Seton Driv	ffice-L	ions Mar Cumber	or Nu	ursin	g Hom 21502
e attending physicic mave corbanpopers nation, or removal. traumotic event, the	Section 1	18. CAUSE OF DEAT PART I. DEATH W 436 — Conditions, if ony, gove rise to imm	MAS CAUSE IMMEDIAT which nediote	D BY: "E CAUSE (o) DUE TO, O	R AS A CONSEQUE	NCE OF				В		YE INTERVAL SET AND DEATH
signed by the hen pleose rate burial, cre	z	couse (o), statin underlying couse PART 2 OTHER SIGN	lost	(c)	R AS A CONSEQUE		NOT RELATED TO THE TE	RMINAL DISEASI	OR CONDITION	I GIVEN IN	PART 1101	
has been t permit. T iene prior ows any ir	CERTIFICATION	19a. DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATION	N WAS PERFORMED	200. AUTO		F YES, WERE ERTIFYING O	CAUSES O	
certificate rical-transite entol Hygi frem 18 sh	CAL	210. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	AUSE OF DEA	1	M. MONTH DA	Y YEAR	21c. HOW INJURY OCC	URRED (ENTER NA	TURE OF INJURY IN ITEA	A 18, PART I OR	PART 2)	
fter this os the bu	MEDI	WHILE NOT WE AT WORK	HILE []	21e. PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.)	21f. LOCATION STREET		CITY OR TOWN	cou	UNTY	STATE
CTOR: A for use of Heoli		220.1 certify that (1) saw the decease above, (1) (we) (6	d alive on	7/	12 191	9 ,00	d that in (my) (our) apinio	n death occurre	d on the date and	hour ond f		ot (1) (we) lost uses stated
RAL DIRECTOR of detached stote Dept.		228 SIGNATURE		Mary	men 7	V		DIRECTOR	STAFF PHYSICIAN		Z DATE SI	3/19
CO FUNERAL Hould be do with the Stor		Michael			, M.D.				d, Md. 2	21502		
- C - 2	22 0	HOLL COPILITION		Labt mare	122 1	LANG OF C	CHETTON OR CREILINGS	1224 LOCA	TION			

DHMH - 16 50M 7/77 (VR A 15 (4))

24 FUNERAL DIRECTOR

230. BURIAL, CREMATION, REMOVAL Burial

Michael Montgomery, M.D.

Kight Funeral Home, Cumberland, Maryland E

Md.

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February 19 (1978 St. 1978 St. 1978		er de la company	\$1000
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					STAT	E OF MARYLAND						
	1.	FOR STATE		DEPART		EALTH AND MEN		IENE		7 (0-02	776
		REGISTRAR				ICATE OF DEAT	I H		REG. NO.	13	3 - 0 2	110
		OR PRINT)		Rocal		AS1		2a. DATE OF	DEATH MON	_	DAY YEAR	26 HOUR
		ARTH		Loyd		REEN			FEB.	6,	1979	10:284
	3. SE		4. RACE		5. DATE C		YEAR		ARS LAST BIRTHDAY		MONTHS DAYS	HOURS MIN
		Male	White			25, 1911		67		YRS.		
7		RTHPLACE (STATE OR FOREK		WHAT COUNTRY?	MARRIE	NEVER MARK	RIED [E CITY OR C		OF DEATH	
2		Marylan		. A.	WIDOWE		CED _		llegan			MD.
1		TY OR TOWN OF DEATH CUMBERLANE	MEM(OSPIT	AL	ION	(TYPE OF WORK	CCUPATION FOR MOST OF WO PLNNIN	ORKING LIF	E) INDUSTRY	Fibres, lanese
5	13a. S	AL RESIDENCE (IF NURSING STATE W. Va. 136	HOME OR OTHER INSTITUTION, COUNTY Wineral	GIVE RESIDENCE BEFOR 134. CITY OR TOV Ridgele		13d. INSIDE CITY L	IMITS?	13e STREET A	DDRESS 1 Carp	ent	er's Ad	d.
nr.	14. FA	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MA	IDENNAM	ΛĒ	MIDDLE		145	
17	133	Santson	C.	Green		Anna	1		H.		Ande	rson
2		WAS DECEASED EVER IN YES, NO OR UNKNOWN) (IF	U.S. ARMED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMANT	13-10	U San	ADDRESS		W. Va	26753
1		No.	ites, one war or pares,	214-07-6	5891	Mrs. Mae	. M. (Green,	Rt. #	1 B	ox 461	Ridgeley
29	ICAL CERTIFICATION	Conditions, if any, w gave rise to immed couse (a), stating	hich iote the DUE TO, O Cost. (c) CANT CONDITIONS CONDI	ITION FOR WHICH	DEATH BUT	NOT RELATED TO N WAS PERFORME 21c. HOW INJURY	ast	20a AUTO	PSY? 20	Ib. IF YES	S, WERE FIND IN YING CAUSES S	NGS USED
	MEDIC	21d. INJURY OCCURRED WHILE AT WORK 22a. I certify that (1) (th	21e PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, e deceased fram.	FARM, ETC)	211 LOCATION STREET	976	2, to	CITY OR TOWN	6		STATE that (We) last
1		224. SIGNATURE 226. PHYSICIAN'S NAMI	CITYPE OR PRINT) EDERICK W	Man	eliza	22e ADDRESS	NDING SICIAN [MEDICAL DIRECTOR [SOUT	STAFF PHYSICIAN H CEN	۷ 🗇	22c. DATE	
		BURIAL, CREMATION, REA SPECIFY) Burial	236. DATE 2/9/7			EMETERY OR CREA		23d. LOCA CITY OF Cumb	TION TOWN	l, A	county Clegany	Md.
	24. F	uneral director Geor	ge 202 Gree	ne St. C	cumber 21	502 land, Md.	25a. DATE	REC'D. BY RE	GISTRAR 256.	REGIST	RAR'S SIGNAT	Gready

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DR. PREDERICK W. MILTHWRERGER COMBERLAND. NO.

Ruche Forge 202 Oroset St. Canada Carly Convertand, Liverand Wd.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REGISTRAR	-		FOR		ST DEPARTMENT O		ARYLAND	HYGIENE	7	0 0	2777
DECEASED NAME CRETRUDE CAST INVESTMENT										9 - 0	7111
BERTHA GERTRUDE GREEN GROUNTON GREEN GRE	1				MIDDLE		LAST	2o. [DATE KNOWN		Y YEAR 26
Female White 10/30/1925 53 yrs. The control of t	1			GER	RTRUDE	GRE	CEN	D	EATH MATED	2/19/	18.11=
78. CITIZEN OF WHAT COUNTRY 18. MARRIED 19. BALTIMORE CITY OR COUNTY OF DEATH 10. IN MODITION 10. CITY OR TOWN OF DEATH 11. NAME CROSS OF MODITION CONTRIBUTION 12. MINDS OF BUSINES OR MODITION CONTRIBUTION 12. MINDS OF BUSINES OF BUSINES OR MODITION CONTRIBUTION 12. MINDS OF BUSINES OF BUSINES OR BUSINES OR BUSINES OR CONTRIBUTION 12. MINDS OF BUSINES OF BUSINES OR BUSINES				MONTH DAY	YEAR LAST BIRT	HDAY) MONTE			NOUNCED ,		
MARRIED MYONORCED Allegany MIDDLE MYONORCED Allegany MYONORCED MYONORCED Allegany MYONORCED MYONORCED Allegany MYONORCED M	1	7a BII	RTHPLACE (STATE OR			10	v	9.B.	6/1/		
Cumberland USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION (IN NOT IN THE PART I DE USINE OR INDUSTRY) Sacred Heart Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. CITY OR TOWN MD. 13b. CITY OR TOWN MD. 13c. CITY OR TOWN MD.	5	FOR	REIGN COUNTRY) Midland				=	RRIED			
13c. STATE 13d. COUNTY 13d. CITY OR TOWN 13d. INSIDE UT NUMBER 13d. STREET ADDRESS 13d. STREET ADD	/			(IF NOT IN SUCH FA	ACILITY, GIVE STREET ADDRES	5)		FOR MOST	OCCUPATION (TYPE OF OF WORKING LIFE)	F WORK 12b. K	OR INDUSTRY
Shearer Mary Johnson 166. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	5	USUA 13a. S1	RESIDENCE (IF IN NURSING HOME TATE 13b. COUN All	OR OTHER INSTITUTION, G NTY egany	13c. CITY OR TOWN	ission) I			ADDRESS		
166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 17. INFOR	0		THER'S NAME FIRST	MIDDLE Sh	TAST		FIRST		Jol	hnson	LAST
NO 13. Cause of Death (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	1	16a. W	AS DECEASED EVER IN U.S. AR	MED FORCES?	166. SOCIAL SECUR		17. INFORMANT		ADDRESS		
PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemmorage 3 Days Conditions, if any, which gove rise to immediate cause (a) stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH P.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. MONTH DAY YEAR 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN TIEM 18 PART 1 OR PART 2) 21d. INJURY OCCURRED. 21d. INJURY OCCURRED.		(1.0	NO	E WAR OR DATES)	220-16-6	0865	Alan G	reen,	Midland	, Md.	21542
DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under- lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH P.M. 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21d. INJURY OCCURRED. 21d. INJURY OCCURRED.			PART I DEATH WAS CAUSE	D BY:		Hemm	norage	45 T		8E	TWEEN ONSET AN
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PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO 216. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR C			cause (a) stating the under	< '''							
198. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO 216. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH P.M. P.M. P.M. P.M. P.M. P.M. P.M. P.M.			lying cause last.	(c)						74/	
198. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR ONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) STREET, FACTORY, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN COUNTY S		z	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TE	RMINAL OISEASE	OR CONDITION GIVEN IN	PART 1 (a).	***		
YES DE YE	+	ATIO	19s. DATE OF OPERATION	19b. CONDI	TION FOR WHICH OP	ERATION W	AS PERFORMED?			120	ALITOPSY?
216. EXTERNAL CAUSE WAS UNDERLYING OR OR COUNTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, AT WORK AT	2	FIC								10.	
WHILE AT WORK	27	CERT				21c. HC	OW INJURY OCCUP	RRED (ENTER NATUR	E OF INJURY IN ITEM 18 PAR	T 1 OR PART 2)	.23 🔲
21d. INJURY OCCURRED WHILE AT WORK 21e. PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STREET CITY OR TOWN COUNTY CITY OR TOWN COUNTY CITY OR TOWN C)	CAL	UNDERLYING OR CONTRIBUTING CAUSE OF			AR					
AT WORK AT WORK		LEDIC	214 INTURY OCCUPPED	21e. PLACE	OF INJURY (ATHOME,				/ OR TOWN	COUNTY	18
		2	AT WORK AT WORK	J JIRLEI, FAC	sant, rann, etc.)	3	Troub P	CIT	ONTOWN	COUNTY	
22a. I certify that I taak charge of the remains described above, held an Autopsy , Inspection , Inquiry , ond in my apinion			death resulted fram: Natu	ral causes X,	Accident .	Suicide	, Homicide], Undetermin	ned manner .		
death resulted fram: Natural causes , Accident , Suicide , Homicide , Undetermined manner ,			ACTUM B.	, 1, 1	11-	./					
death resulted fram: Natural causes , Accident , Suicide , Homicide , Undetermined manner ,	400		SIGNATURE) ENC	decty	Kelare	lien		MEDICAL	EXAMINER	SIGNED 2	19/19
death resulted fram: Natural causes Accident Suicide Homicide Undetermined manner Accident Accid	34		EXAMINER'S NAME BE	enedict	Skitarel	ic		9 Cumbe	rland, M	ld. 21	1502
death resulted fram: Natural causes , Accident , Suicide , Homicide , Undetermined manner , ACTUAL SIGNATURE SIGNATURE DEPUTY MEDICAL EXAMINER SIGNED 2/19/197 EXAMINER'S NAME Repediate Skitanalia	+	23a.Bl	JRIAL CREMATION REMOVAL					123d. LOCAT	ION		
death resulted fram: Notural causes , Accident , Suicide , Homicide , Undetermined manner , ACTUAL SIGNATURE BENEDICT SETENCE ADDRESS Cumberland, Md. 21502 130.BURIAL, CREMATION, REMOVAL [23b. DATE 123c. NAME OF CREMETERY OR CREMATORY 123d. LOCATION 123d. LOC		(SI	PECIFY)					CITY OR TO	WN	COUNTY	
D 10/00/2000 MD			INERAL DIRECTOR				23a. DA				ATURE //
death resulted from: Notural causes Accident Suicide Homicide Undetermined manner Actual Signature Benedict Skitarelic Address Cumberland, Md. 21502 Title (SPECIFY) Deputy Medical examiner Date Signed 2/19/1979 Signature Parties Part		E	ichhorn Fune	ral Home	, Lonaco	ning.	Md.				

FOR

15M 7/77

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-02780

	REGISTRAR			CERTII	ICATE OF	DEATH	REG. N	0.	0 2	10	
	ECEASED NAME	FIRST	MIDDLE	l	LAST		20 DATE OF DEATH	MONTH DAY	YEAR	2b. HOU	R
1	CORPRINT)	JOSEPH	WILLIAM	Н	INEBAU	GH	FEBRUA	RY 27,	1979	5:0	DOPM
3 S		4 RAC		5. DATE C			6. AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER	
	Male		White	11	1 DAY	24	54	YRS.	NTHS DAYS	HOURS	MIM
Za. 6	BIRTHPLACE (STATE OR F	OREIGN 76. CIT	IZEN OF WHAT COUNTRY?	8	n M NEVED	MARRIED	9. BALTIMORE CITY O	R COUNTY O	FDEATH		
	COUNTRY) Md.		USA	WIDOWE	_	ONORCED	A	LLEGAN	COUN	TY,	MD.
	CITY OR TOWN OF DE		AME OF HOSPITAL, NURSIN				120. USUAL OCCUPATI	ON E WORKING LIEE	12b. KIND C	F BUSINE	SS OR
	umberlan	a	SACRED HE	ART H	IOSP ITA	L	Or Distrib	utor	INDUSTRY	eer	
USU 130	CTATE	SING HOME OF OTHER	NSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION)	A 134 INSIDE	CITY LIMITS?	13. STREET ADDRESS				
	Md.	Garr.	13c. CID8111	ind	YES K	NO 🗌	212 N. 1	1th S	t.,		
14 F	ATHER'S NAME	WIDDLE	TAST			S MAIDEN NAM	MIDDLE			*	
	Joseph	Most	Hinebau	igh	Ar	a	MIDDLE	Pedd	dicor	d	
16a.	WAS DECEASED EVER	IN U.S. ARMED F			17. INFORM	ANT	ADDRE	SS			
	YES, NOOR UNKNOWN)	(IF YES, GIVE WARD	T 219-14-6	476	Mrs.	J. W.	Hinebaug	h, sar	ne as	136	•
	18 CAUSE OF DEAT	TH (Enter only one	cause per line far (๑), ¼b), an	dicti j	0	0			APPROX.	MATE INTER	VAL DEATH
	PART I. DEATH V	VAS CAUSED BY: IMMEDIATE CAU	Haa	1 - 01	alam	. Keval ?	Tarbue.				
	11.20		UE TO, OR AS A CONSEQU	NCE OF		1	D				
	Canditions, if any		(b)	able	Carrie	our R	L-LUH will				
	gove rise to im	mediate	UE TO OD AS A CONSEQUE	ENCE OF	0		0	7 1			
	underlying cause		UE TO, OR AS A CONSEQU	INCE OF	J	aperii V	ieva Caral e	syndrou			
	PART 2 OTHER SIG	NIFICANT CONDI	TIONS CONTRIBUTING TO	DEATH BUT	NOT RELATE	D O THE TERMI	NAL DISEASE OR CON	DI ION GIVEN	IN PART 1	01	
CERTIFICATION	Schiz	ofhrence.									
1 A	190 DATE OF OPERA	TON 19	6. CONDITION FOR WHICH	OPERATIO	NWAS PERF	ORMED	20a AUTOPSY?	20b. IF YES, V	WERE FINDIN		
E	2/28		Caratione,	RL.	Luy -		YES NO	YES		NO [
G. R.	210. ACCIDENT WAS UN		b. TIME OF INJURY HOUR A.M. MONTH D.	VE AD	210 HOW I	NJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART	1 OR PART 2)		
14 X	OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	CHOSE OF DEATH	P.M.	19							
MEDICAL	21d INJURY OCCUR		e. PLACE OF INJURY		211. LOCAT	ION	CITY OR TOV		COUNTY		
2	WHILE NOT W	/HILE }	T HOME, STREET, FACTORY, OFFICE, I	ARM, ETC.)	SIKEE		CITY OR TOV	VIV.	COUNTY	\$1	ATE
	220.1 certify that (I	(this hospital) of	ended the deceased from_	120	1. 21	. 19 79	, to FUb. 2	, 19	79	that (I) (s	we) last
	saw the deceas	ed plive on	the body after death.	<u>4</u> , or	nd that in (my	() (our) opinion d	eath accurred on the d	ate and haur o	ind from the	causes sta	ated
	226. SIGNATURE	dia tala non view	the body differ debill.		DEGREE				22c. DATE	SIGNED	
	/ (A)	12 9 H	Ind. Ara.			ATTENDING PHYSICIAN	MEDICAL STAI	IAN []	2	28/7	9
1	224 PHYSICIAN'S N	AME (TYPE OR PRINT)	VIGE		22e ADDRE		- Marie 10 M		+	-	
	CALVIN	Y. HADID	IAN, M.D.		203 G	REENE ST	CUMBERL	AND. ME	215	02	
23a.	BURIAL, CREMATION		-	NAME OF C		CREMATORY	1234 LOCATION				
	(SPECIFY) Buri	al 3	/2/79. Gar	-	o. Me	m. Gar		land."	Garr	· · · K	id.
24. F	FUNERAL DIRECTOR	14WO.0	Just P.O.	BOX 2	43		REC'D. BY REGISTRAR	256 SISTRA	R'S AGNA	URE .	
D	URST FUNER	AL HOME	OAKLA	ND, M	D. 215	50 MAF	5 1979	perfore	1/200	The same	

BP_____ DHMH - 16 50M 7/77 (VR A 15 (4))

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral should be detached for use as the burial-transit permit. Then please remave corbanpapers. Pages I and 2 should be filed within 72 twith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

any injury, or other traumatic event, the

WAPORIANI: If them 21 is marked ar Item 18 shaws

FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-02784

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	3
1. DECEASED NAME FIRST (TYPE OR PRINT)	WIDDLE	LAST	20. DATE OF DEATH MONT	TH DAY YEAR 2b. HOUR
Thelma	Catherine	Kamp	02	2 18 79 10:50 ^M
3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	
Female	White	06 17 98	80	MONTHS DAYS HOURS MIN
Je. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR CO	OUNTY OF DEATH
Maryland	American	WIDOWED DIVORCED	Allegany	MD.
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION	12g. USUAL OCCUPATION	126. KIND OF BUSINESS OR
Cumberland	Lions Manor Nu		Housewife	Own Home
MD Gai	or other institution, give residence befor JNTY 13c, CITY OR TOW Cett Grants	ville YES NO T		Grant Street
14. FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N	AME	LAST
kews Louis	NMI Warnic	k Ida	NMI	Bancord
160 WAS DECEASED EVER IN U.S. A (YES. NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)		ADDRESS	
No -	212-74-	1761 Shirley Y.	Bender Rt. #2	Grantsville, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate couse 101, stating the underlying cause last.	DUE TO, OR AS A CONSEQU (b) DUE TO, OR AS A CONSEQU (c)			2-3 DAYS
	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	ON GIVEN IN PART 1(0)
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196, CONDITION FOR WHICH	OPERATION WAS PERFORMED		S. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES THE NO TO
00.000.000.000.00	CAIR	AY YEAR	RRED (ENTER NATURE OF INJURY IN I	
OR CONTRIBUTING	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE:
sow the deceased alive a abave, (1) (we) (did) (did i	pital) attended the deceased from 19 2 2 19 10t) view the body after death.		n death occurred on the date o	nd hour and from the couses stated
22b. SIGNATURE	tomes	ATTENDING PHYSICIAN	AMEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 7/19/19
27d. PHI SICIAN'S NAME (HIPE	OR PR (VT)	272 ADDRESS		

BP.

DHMH - 16 50M 7/77 (VR A 15 (4))

230. BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial 23b. DATE 2-21-79

24. FUNERAL DIRECTOR

23d. NAME OF CEMETERY OR CREMATORY

Grantsville, Garrett, Md. 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Grantsville, Md.

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	3/15	The state of	10			

Burial 2-21-79 Granus Brinity Dem. Grentsville, Garnett, Md.

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

02785

		Verda		B.	Ka	sner	Feb	25.	1979		2.4
3. SE	X		. RACE	U •	5. DATE C		6. AGE (IN YEARS LAST BI		IF UNDER		2.4
	Female		White		MONTH		63		MONTHS	DAYS	HOURS
7et B	IRTHPLACE ISTATE OR			WHAT COUNTRY?	Jan		63	OR COUNT	Y OF DEA	TH	
C	COUNTRY)	TOREIOIV /			MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DE				
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10. C				ICH FACILITY, GIVE STREET		OK OTHER INSTITUTION	12a USUAL OCCUPA' (TYPE OF WORK FOR MOST				F BUSINE
	Rawlings		Rd .				Homemake	er			
13a.	AL RESIDENCE (IF NUI	RSING HOME OR C	OTHER INSTITUTION	N. GIVE RESIDENCE BEFOR		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS				
	Md:	ALLE	egany	Rawlin		YES NO X	RD 3				
14 F	ATHER'S NAME		IDOLE	LAST		15. MOTHER'S MAIDEN NA	ME				Tale
	Noah	M		llenax		Jennie	WIDDLE	K	notts	LAST	
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(YES, NO OR UNKNOWN)	(IF YES, GIVE V	WAR OR OATES)	215 36	0176	Ernest Kes	non 20 2 (Daniel 2.		114	
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	PART I. DEATH	WAS CAUSED	BY:	Acute	hear	t failure				ninu	
	2011	IMMEDIATE	CAUSE (a)								
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	-111		DOL TO, C	on non constant		4 9 4					
	Conditions, if an		((b)_	mitral	valvu.	lar disease	1 3 4 1 7 1)	year	`S
	Conditions, if any gove rise to im cause (a), stat	nmediate	(b)_	mitral	valvu.		234130	-)	year	rs
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ATION	gove rise to im cause (a), state underlying couse	mediate ing the se lost. GNIFICANT CO CARDIO	DUE TO, CO	mitral OR AS A CONSEQU Old The ONTRIBUTING TO	valvu	c heart disea)	year	:s
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Keyser, W. Va.

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DHMH - 16 50M 1/76 (VR A 15 (4))

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		EGISTRAR	FIRST	WEL	MIDDLE	MINER'S		ATE OF		REG. NO. 9 -	- 17/	86
		EASED NAME OR PRINT)			WIDDLE		LAST		OF F	STI- MONTH	d DAY Y	EAR 21 HOUR
_			Oak		Edward		King		DEATH MA	ATED Feb	.14 197	9 A.M
3.	SEX	4.1	RACE	S. DATE OF BIRTH	YEAR LAS		DER 1 YR.	IF UNDER 2	4 HRS. 2c. DATE	MONTH	DAY	year 24 Hour 50
			hite 1	Feb. 15,		93 YRS.			DEAD	Feb.		79 A.M
170	BIR'	THPLACE (STATE	OR	76. CITIZEN OF WH.	AT COUNTRY?	8. MARR	ED INEV	ER MARRIE		ECITY OR COUN	ITY OF DEAT	Н
1		Va.			3.A.	WIDOW		DIVORCED		gany		MD.
10), CIT	OR TOWN OF	DEATH	11. NAME OF HOSP	ILITY, GIVE STREET AL	ODRESS)	IER INSTITUT	ION	20. USUAL OCCUPAT	ION (TYPE OF WORK	12b. KIND O	F BUSINESS DUSTRY
	-	berland			Eastman				Barber		Hai	r
	SUAL a ST		N NURSING HOME OF	R OTHER INSTITUTION, GIVE	13c. CITY OR TO		113d INSIDE CIT	Y LIMITS?	3e. STREET ADDRESS			
L		Md.	Alle		Cumber:		YES 🗌	NO X	Rt.#8 Box	13		3.3
14	f. FAT	HER'S NAME		WIDDLE	LAST		15. MOTHER	R'S MAIDEN	NAME	E	LAST	
		W.		W.	King	140	M	laggie	Misse		UNK	
16	a. W	AS DECEASED E	VER IN U.S. ARM	AED FORCES?	166. SOCIAL SE	CURITY NO.	17. INFORM	ANT	A	ADDRESS		
		No		,	217-10-	-1765-A	Mrs.	Mary I	King Rt.#	8 Box 13	Cumb	. Md.
		B. CAUSE OF D	EATH (Enter only	y one cause per line f							APPROX	UMATE INTERVAL ONSET AND DEATH
		PARTIDEATI	H WAS CAUSED	E CAUSE (a)		Coronary	Occlu	sion			Sud	
		410-	d	DUE TO, OR A	S A CONSEQU	ENCE OF				- 12		-
			if any, which	(b)		Coron	ary Sc	lerosi	is		-	
Г		couse (a) sta lying cause I	oting the under-	DUE TO, OR A	S A CONSEQU	ENCE OF						
		lying coose i	031.	(c)								
		PART 2 OTHER SIGNIF	ICANT CONDITIONS C	ONTRIBUTING TO OFATH BE	T NOT RELATED TO	THE TERMINAL DISEAS	OR CONDITION	GIVEN IN PART	1 (0).			
3	CERTIFICATION		20 10		2001.3							
	8	190. DATE OF OP	PERATION	196 CONDITI	ON FOR WHICH	OPERATION W	AS PERFORM	AED?			20. AUTO	PSY?
1									1 1		YES	□ NO 🔯
		INDERIVING		21b. TIME OF I HOUR A.M.	MONTH DAY	YEAR 21c. H	OW INJURY (OCCURRED	(ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR P	ART 2)	
			OR CAUSE OF D			19	`&11.				11.2	
-	WED.	WHILE N			F INJURY (ATH		CATION		CITY OR TOWN	c	OUNTY	STATE
ľ		AT WORK A	TWORK			100						
		220. I certify th	nat I taak charge	e af the remains descr	ribed obave, hel	d on Autap	sy 🔲,	Inspection	X, Inquiry X	, ond in my o	pinion	
		death resulted f		50	Accident .	Suicide	Homicie		Undetermined manne			
			1	1 1/1		,	TITLE (SP					
		ACTUAL	Denec	dettek	ilare	acc) M	Dep		MEDICAL EXAMINE	DATE R SIGN	Feb.	14,1979
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	(XAMINER'S NA TYPE OR PRINT)	ME Ber	nedict Ski	tarelic	, M.D.	ADDRESS	Cumb	erland, Mo	i.		
23	la. BUI	RIAL, CREMATIO	N,REMOVAL 23	b. DATE	23c. NAME	OF CEMETERY O	R CREMATO	RY	23d. LOCATION	col	UNTY	STATE
		Buria		eb.16,1979		rest Bu	rial Pa		Cumberland			Md.
	1	VERAL DIRECTO		ADDRESS	.04 Deca	tur St.	2		C'D. BY REGISTRAR	256. PGGISTRAR'S	SIGNATURE	
5	il	cox-Meri	ritt Fun	. Ser. C	umberla	nd, Md.		FEB 2	2 1 1979	firtry/	Kelined	7

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

injury, ar other traumotic event, the medical exom

IMPORTANT: If them 21 is marked or them 18 shows any

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7	9	-	0	2	7	8	7
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ı	- STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	o. 79	-02	787
ī	DECEASED NAME (TYPE OR PRINT)	FIRST	MIDDLE	U	AST	20. DATE OF DEATH	MONTH DAY	YEAR	26. HOUR
Г		ERNADINE	A.	KO	LBERG		02/ 23	79	12:35
3	SEX	4 RACE		S. DATE O		6. AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS
L	FEMALE	WHITE		80°	26 ŏ6	7	2 YRS.	THS DAYS	HOURS MIN.
7	BIRTHPLACE STATE OR FOR	EIGN 76 CITIZEN OF	WHAT COUNTRY?	3.	■ NEVER MARRIED	9 BALTIMORE CITY		FDEATH	
	BIRTHPLACE (STATE OR FOR COUNTRY)	U	SA .	WIDOWE		ALLE	EGANY		M
1	CITY OR TOWN OF DEAT		HOSPITAL, NURSING	HOME O	R OTHER INSTITUTION	120 USUAL OCCUPAT			OF BUSINESS O
	CUMBERLAND	LIONS	MANOR NUP	RSING	HOME	INSPECTED		PAPE	ER MILL
H	JSUAL RESIDENCE (IF NURSIN 30. STATE	AG HOME OR OTHER INSTITUTION ALLEGANY	136 CITY OR TOWN WESTERNPO		134 INSIDE CITY LIMITS?	13e STREET ADDRESS			
4	4 FATHER'S NAME	ALLEGAN I	MESTERMIC)ILI	YES X NO		E STREE	GT	
ľ	FIRST	MIDDLE	LAST		FIRST	MIDDLE		LAS	
4	James	NMI	Donnelly		Agnes	NMI		tzwill	iam
ľ	(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	16b. SOCIAL SECURI	-	17 INFORMANT				
L	No		233-10-11	41	Elmer Kolbe	rg, 102 Spr	uce St.		
I	18 CAUSE OF DEATH PART I, DEATH WA	Enter anly one cause per	line far (a), (b), and (0	10			BETWEEN	ONSET AND DEATH
ı		MMEDIATE CAUSE (a)		ICC	1/5			(>	mos.
1	436-	DUE TO, O	R AS A CONSEQUEN	CE OF				K 195	
ı	Conditions, if ony, gove rise to imme								
ı	couse (a), stating	the DUE TO, O	R AS A CONSEQUEN	ICE OF				Briefs	
L	underlying couse	last (c)							
ı		FICANT CONDITIONS C	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 1	a)
1	190 DATE OF OPERATI	ONI TINE CONID	ITION FOR WHICH O	DEDATIO	NI WAS DEDECTRATED	200 AUTOPSY?	20b. IF YES, W	VERE FINDII	NGSTISED
I	2 198 DATE OF OPERATE	176 COND	IIION FOR WHICH O	FERALIO	N WAS PERFORMED		IN CERTIFYIN	NG CAUSES	S OF DEATH?
4	210. ACCIDENT WAS UNDE	RLYING 716. TIME C	S IN HIPV		21c HOW INJURY OCCURR	YES NOTES NATURE OF INTE	YES [№ □
	OR CONTRIBUTION CA	110110 4	M. MONTH DAY	YEAR	THE HOW HAJORI OCCORR	(ENTER NATIONE OF 11930	CI IN IIEM IO, PAKI	OK PART 2)	
1	(IF EITHER, NOTIFY MEDICAL 21d. INJURY OCCURRE		M.	19	211 LOCATION			Y	
1	21d. INJURY OCCURRE	(AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, FAR	M, ETC.)	STREET	CITY OR TO	W	COUNTY	STATE
ł	AT WORK AT WORK	K U		- 1	100	2/	23	19	
I		this hospital) ottended th			19 19 19	death assured as the d	, 19.		that (I) (we) lo
l		d olive ond) (d.d.not) view the bady	after death.		d that in (my) (our) opinion o	death occurred an the a	ate and naur a		
1	276. SIGNATURE	Monten		100	ATTENDING.	MEDICAL STA	FF	22c. DATE	SIGNED
1	1111	11 WHYOU	reg	100	PHYSICIAN			2	7
1	726. PHYSICIAN'S NA				22e ADDRESS		LTF-er-	2 10	
	MI CHAEL W	. MONTGOMER	Y, M. D.		915 SETON D	RIVE, CUMBE	RLAND,	MD 2	21502
7	30. BURIAL, CREMATION, R	EMOVAL 236 DATE			EMETERY OR CREMATORY	236 LOCATION CITY OR TOWN		YTAUC	STATE
	(SPECIFY) Burial	02/25/	79 0 St.	Pet	ers emetery	Westernpe	rt All	legany	Md.

DHMH - 16 50M 7/77 (VR A 15 (4))

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

ervice, P.A. Westernport, Md. Boal's Funeral

REGISTRAR 256. REGISTRAR'S SIGNATURE

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO.	7	9	200	0	2	7	8	-

	REGISTRAR			CERTIF	ICATE OF DE	ATH	REG	. NO.	9-02	188
1. D	ECEASED NAME	FIRST	MIDDLE	Į.	AST		26. DATE OF DEATH		DAY YEAR	26 HOUR
		Mildred	E.	Kra	auss			2 -	9 - 79	1:10
3 S	EX	4 RACE	7 . 11 4	5. DATE C		YEAR	6 AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAYS	
F	emale	Cau	casion	12	- 31 -	A 44	20 79	YR	es l	HOURS
	BIRTHPLACE (STATE O		EN OF WHAT COUN	TRY? 8 MARRIE	D NEVER MA	ARRIED	9 BALTIMORE CIT	Y OR COU	NTY OF DEATH	
	altimore,			WIDOWE	DIVO	DRCED	Allegany			
	CITY OR TOWN OF D	DEATH 11. NA/	ME OF HOSPITAL, NU OT IN SUCH FACILITY, GIVES	JRSING HOME C	R OTHER INSTIT	UTION	12a USUAL OCCUP	ST OF WORKIN	G LIFE) INDUSTR	OF BUSINE
	rostburg				Hospital	, INC	SEAMSTE	LESS	PAJA	MA FA
7 130	STATE	URSING HOME OR OTHER INS	13c CITY OR	TOWN	134 INSIDE CITY	Y LIMITS?	13e STREET ADDRE	SS		
	laryalnd	Allegany	Frostb	urg	-	10 🗌	41 West N	lain S	treet	
117	FIRST	WIDDLE	LAST		15 MOTHER'S A		MIDDE		ı	AST
0/6	FRANCIS			midt			UNKNOV			
	(YES, NO OR UNKNOWN)	ER IN U.S. ARMED FOR (IF YES, GIVE WAR OR D	ATES)	SECURITY NO	17 INFORMAN				rostburg	
	NO	N.A.	194-09	-38/4	Reverle	y Thor	mas, Medic	al Rec		
		ATH Enter only one co							BETWEE	XIMATE INTER
	F 4ml 1 mm	IMMEDIATE CAUSE	(o) Cirrhos	is of th	ie Liver					
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	Conditions, if a gove rise to i		b) Chronic	Nephrii	cis					
	cause (0), sto	iting the DUE	TO, OR AS A CONS						-	-
			(c) Arthrit							
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9	Abscess (of Right G	CONDITION FOR WI		LINE DEDECO		20g AUTOPSY?	1001 15	YES, WERE FIND	
CERTIFICATION	2-8-		Rf. a			WED		IN CE	RTIFYING CAUSE	S OF DEATI
24 5	21g. ACCIDENT WAS I		TIME OF INJURY	upel	21c. HOW INJU	IBY OCCUPI	YES NO		YES []	NO [
Text	OR CONTRIBUTING		OUR A.M. MONTH	DAY YEAR	21C. NOW 11430	JKT OCCUR	(ED (ENTER NATURE OF	NJURY IN ITEM	18, PART I OR PART 2)	
MEDICÁL	(IF EITHER, NOTIFY ME		P.M. PLACE OF INJURY	19	211, LOCATION	1				
WEL	WHILE NOT	WHILE (AT H	OME, STREET, FACTORY, OF	FICE, FARM, ETC.)	STREET		CITY OR	TOWN	COUNTY	STA
5	AT WORK - AT	WORK		om /2-	//	70	3	-0	70	
2		(I) (this hospital) ofter osed olive an Z		- 0		19	death occurred on th	e date and	hour and from th	, that (I) (w
	obove, (I) (wee 22b. SIGNATURE;	(did) (did ast view th	e body after deoth.		DEGREE	-, 0, 1110	acom occorred on m	t dole dila		E SIGNED
=	1	T.C. D	ichl	mil	ATT	TENDING TYSICIAN	MEDICAL S	TAFF SICIAN [12-
1	22d. PHYSICIAN'S	NAME (TYPE OR PRINT)			22e ADDRESS					
	Harold C	. Diehl, M	.D.		39 West	Main	Street; F	rostb	ourg, MD	2153
230.	BURIAL CREMATIO			23c. NAME OF C	EMETERY OR CR		23d LOCATION			CTA:
	BURIAL	20 21	12/79	GERMAN	LUTHE	RAN	CEM FRO	STBU	RG, ALL	EGAN
24	FUNERAL DIRECTOR	7 27 7 7				25g. DAT	E REC'D. BY REGISTR	AR 25h	SISTRAR'S SIGNA	QURE .
	NAME	I MAILOU YI	. Scullsbones	< RRUST	RIIRC	FEE	1	1	L Mital	

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OR ATTENDING PHYSICIAN: The low

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(VR A 15 (4))

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral direction about be detached for use as the buriol-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled within 72 houwith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

70 02700

1		REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO.	3	- 97	103
ı		CEASED NAME	FIRST	N	MDDLE	U	AST	2a. DAT	E OF DEATH MONTH	DAY	YEAR	2h HOUR
ı	(ITPE	OKPRINI)	WILLI	[AM]	D.	L	EWIS	FEB	BRUARY 17,	1	979	2:35P _M
1	3. SEX			ACE		5. DATE O		6 AGE	(IN YEARS LAST BIRTHDAY)		JNDER 1 YEAR	IF UNDER 24 HRS
Į		Male	57	White		June	14, DAY 1922 YEAR		56 YRS	MON	THS DAYS	HOURS MIN.
		RTHPLACE (STATE OR F	OREIGN 76 C	CITIZEN OF V	WHAT COUNTRY?	8	NEVER MARRIED	9 BALT	IMORE CITY OR COUN	IO YT	DEATH	
Ś	Hig	ginsville	e W.Va.	US	A	WIDOWE			Allegany			MD.
į		TY OR TOWN OF DE		LIE NIOT INTELLE	OSPITAL, NURSIN	G HOME O	R OTHER INSTITUTION		JAL OCCUPATION WORK FOR MOST OF WORKING		126. KIND O	F BUSINESS OR
1	C	UMBERLAN	1D W	MEMOR	IAL HOS	TAL	• []		nitor	, , ,		Bldg.
,	USUA 130. S	AL RESIDENCE (IF NUR	SING HOME OR OTHE		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e STR	EET ADDRESS			
į		W. Va.	Morg		Paw Paw		YES NO X	R	Coute 2 (Z	'ip	25434	4)
	14. FA	THER'S NAME	MIDDL	E	LAST	4 6	15. MOTHER'S MAIDEN N	IAME	WIDDLE		145	Ţ
		Simon	L.		Lewis		Ethel				Savi	lle
1		AS DECEASED EVER	IN U.S. ARMED		166. SOCIAL SECUI		17. INFORMANT		ADDRESS		Rt.2	
1		Yes	WW11(4		234-44-	6996	Sarah C. L	ewis,	Paw Paw,	W.V	/a. 25	5434
ı		18 CAUSE OF DEAT			line for (o), (b), one	dic.) ' b	1 7	- in		BETWEEN C	MATE INTERVAL ONSET AND DEATH
		PART I. DEATH V	IMMEDIATE CA	2.9	Teneraliz	ed 12	ritonitis + Re	nal ti	alline			
1		1579		PUE TO OF	RASA CONSEQUE	NEE OF	Minden 110.	44.			12.133	
ı		Conditions, if ony		rostop	Perfera	ter o	Moderal We	ev				
		gove rise to im couse (o), stotic	ng the	DUE DA OF	ANA CONSEQUE	NESOF.	P. J	Laure	atic metasta			
1		underlying couse		(c)	er cece c							
	z	PART 2 OTHER SIG	NIFICANT CON	DITIONS CO	NTRIBUTING TO D		NOT RELATED TO THE TER			SIVEN	IN PART 110)1
	TIO	190 DATE OF OPERA	er- Wis	19h CONDI	arime , I		was performed		0 0	VEC VA	VEREFINDIN	ICC HCED
	CERTIFICATION	190 DATE OF OPERA	(1)014	P.U.	Perferated	. 2	1. Weer, Lever		IN CER		NG CAUSES	OF DEATH?
1	CER	210. ACCIDENT WAS UN		216. TIME O	FINJÜRY M. MONTH DA	V YEAR	21c. HOW INJURY OCCU	IRRED (ENTI	ER NATURE OF INJURY IN ITEM	8, PART	1 OR PART 2}	
١	CAL	OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC		P./		19						
ı	MEDICAL	21d. INJURY OCCUR		21e. PLACE (OF INJURY	ARM, ETC.)	211 LOCATION STREET		CITY OF TOWN		COUNTY	STATE
	<	AT WORK NOT W	ORK C									
		22a.1 certify that (1)		ottended the	e deceosed from			, to		_, 19.		that (I) (we) lost
1			ed olive on did) (did not) vie	ew the body	ofter deoth.		d that in (my) (our) opinio	n deoth occ	curred on the date and h	nouror	nd from the	couses stoted
		226. SIGNATURE	. , 8.	1	00.	1	DEGREE ATTENDING	MEDIC	CAL STAFF		22c. DATE	SIGNED
		,	iva oc	nino	Clr	19	PHYSICIAN	DIREC	TOR PHYSICIAN		142	7/7
1	M	22d. PHYSICIAN'S N		'	ILLINDI ED		22e ADDRESS 69	GREEN	NE STREET			
		DR. RIC			HINDLER			BERLA		15	02	
		URIAL, CREMATION	REMOVAL 2	36. DATE	23c. N	IAME OF C	EMETERY OR CREMATORY		OCATION CITY OR TOWN	co	UNTY	STATE

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DHMH-16 50M7/77 (VR A 15 (4))

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OR ATTENDING PHYSICIAN: The low or offending physicion.

2/20/1979 Three Churches Cem. Three Churches, W. Va Johnson Funeral Home, Barkeley Spgs. W. Va

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-Sylvester Henry Sr. Long. DEATH MATED ам IF UNDER 1 YR 2d. HOUR YOUR FILL 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS IF LINDER 24 HRS 2c. DATE LAST BIRTHDAY PRONOUNCED White DEAD Feb. 21 AUG.4. 1928 Male Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH M BIRTHPLACE (STATE OR MARRIED T NEVER MARRIED FOREIGN COUNTRY) Allegany IISA WIDOWED | DIVORCED Maryland IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 112b, KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Sacred Heart Hospital Retired Brakeman Cumberland Railroad LISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 136 COUNTY 13c. CITY OR TOWN none Wiley Ford YES NO [W. Va. Mineral 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME JE. GES 1, PM LAST AND OF VIT Oscar E. Long. M. Magdelena Whitman 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 7 INFORMANT DIVISION (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 234-40-3157 Mrs. Lavada Long, Wiley Ford, W. Va. Wife War Yes APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Coronary Thrombosis, left USED AS A BURIAL-TRANSIT PERMIT OF HEALTH AND MENTAL HYGIENE, sudden IMMEDIATE CAUSE (o)-DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which Coronary Sclerosis gave rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a Obesity 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES X NO RWARDED TO THE CH PAGE 3 SHOULD BE U STATE DEPARTMENT OF BURIAL, 71g EXTERNAL CAUSE WAS 71b. TIME OF INJURY 71c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e. PLACE OF INJURY (AT HOME 211. LOCATION 71d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE NOT WHILE EXECUTE THE CERTIFICATE, WINDER OF SHOW A PAGE & SHOULD BE FORWAY TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATIBLE ARRIVAND, 21201 Inspection XX Autopsy and in my opinion 77a. I certify that I took charge of the remains described above, held an Natural causes X Hamicide Undetermined manner TITLE (SPECIFY) 2-21-79 DATE MEDICAL EXAMINER EXAMINER'S NAME Cumberland . Md . Benedict Skitarelic MD 23g, BURIAL, CREMATION, REMOVAL 123b. DATE 73¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE (SPECIFY)
Burial Restlawn Memorial Gardens 2-23-79 La Vale, Allegany, Md. BP 250. DATE REC'D. BY REGISTRAR 1256. REGISTRAR'S SIGNATURE 74. FUNERAL DIRECTOR Eighten Ma Bready **DHMH - 17** James F. Scarpelli, Cumberland, Md. (VR A15 ME (5)) 15M 7/76



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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME LAST MIODLE 20. DATE OF DEATH MONTH 2b HOUR (TYPE OR PRINT) Feb. 15 1979 Mazzons Marie 3. SEX 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH DAY YEAR HOURS Female White 1888 Now To. BIRTHPLACE ISTATE OR FOREIGN TE CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** COUNTRY) Italy MARRIED NEVER MARRIED USA Allegany WIDOWEDICK DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) House Wife INDUSTRY Luke 113 Pratt St. BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI Allegany 13a STATE 113d. INSIDE CITY LIMITS? 13e STREET ADDRESS pluc Md. 113 Pratt St. YES TO NO 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Anna MIDDLE Garefoli Papagna Antonio 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16b. SOCIAL SECURITY NO 17. INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Luke . Md. Isabell Caggiamelli 96 ne APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line to (0), (b), and (c). PART I. DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF oth underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? pe NOD YES T NO T nd Mental Hygier ial-transit 21a ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 21t. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER P.M 19 Pu ŏ 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE morked WHILE NOT WHILE AT WORK 220.1 certify that (1) (this haspital) ettended the deceased from the deceased alive on _ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body ofter death DEGREE 100 ATTENDING MEDICAL STAFF be deta e State [PHYSICIAN DIRECTOR PHYSICIAN IMPORTANT: PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRES ld b Sport H 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE Burial Westernport Allegany 2/19/79 St. Peters Cemetery 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECT DHMH-16 60M 1/73 Funeral Service, P.A. Westernport, Md. (VR A 15 (4))

STATE OF MARYLAND

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

70-02792

		REGISTRAR				CERTIF	ICATE OF DEATH	REG.	NO	3 - 0 2	1 3 2
n		CEASED NAME	FIRST	- 1	AIDDLE	l	AST	2a. DATE OF DEATH		DAY YEAR	2b. HOUR
	(ITTE	OR PRINT)	IRENE	E MAR	GARET	MONA	AHAN	FEBRUAR	XY 16,	1979	10:15PM
	3. SEX	x		4 RACE		5. DATE C		6. AGE (IN YEARS LAST B	RTHDAY)	MONTHS DAYS	HOURS MIN.
	Fe	emale	SIUM	White	707 0	8	28 1920	58	YRS.	MOITING CATS	TIOOKS MIT.
	7a. BI	IRTHPLACE ISTATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNT	RY? 8	NEVER MARRIED	9. BALTIMORE CITY	OR COUNT	Y OF DEATH	
4		isconsin	- 104	USA		WIDOWE			EGANY	COUNTY	, MD.
	10. CI	umberland	ATH .		H FACILITY, GIVE ST	TREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOSE Housewit		126. KIND (INDUSTRY HOME	OF BUSINESS OR
3	730. S	AL RESIDENCE (IF NUI STATE MD	136 COUN	OTHER INSTITUTION	13c. CITY OR T		13d. INSIDE CITY LIMITS? YES A NO	101 Hele	n Str	eet	
11		ATHER'S NAME FIRST Frank Kir		MIDDLE	LAST		15. MOTHER'S MAIDEN N FIRST Rose B	Be rnet h MIDDLE		LA	ST
	16a V	WAS DECEASED EVEL	R IN U.S. AR	MED FORCES?	166 SOCIALS	ECURITY NO.	17. INFORMANT		RESS		
	,,	No	(IF TES, GIVE	WAR OR DATES	THE		John J. Mo	onahan Cu	umberl	and, MD	
	z	Conditions, if on gove rise to imcause (a), state underlying cause	nmediate ing the e last.	(c)	R AS A CONSE		NOT RELATED TO THE TER	RMINAL DISEASE OR CO	NDITION G	IVEN IN PART 1	(01
7	CERTIFICATION	190 DATE OF OPERA	ATION	196 COND	TION FOR WH	IICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERT	ES, WERE FIND! IFYING CAUSES YES	
7	MEDICAL CERT	210. ACCIDENT WAS UPOR CONTRIBUTING (IF EITHER, NOTIFY MEDI 21d. INJURY OCCUL) WHILE NOT AT WORK AT W	CAUSE OF DEA	P. 21e. PLACE	M. MONTH M.	DAY YEAR 19	216 HOW INJURY OCCU		JURY IN ITEM 18,		STATE
		22a. I certify that (I saw the decea obave, (I) (we) 22b. SIGNATURE	sed olive an	0 /	5 1	9 <u>79</u> , or	nd that in (my) (our) opinio		AFF	our and from the	that (I) (we) last e causes stated E SIGNED - 19-79
		22d PHYSICIAN'S N	IAME (TYPE O	R PRINT)	-CCC		22e. ADDRESS	E-DIRECTOR PHYS	ICIAIN [
			1	NNA, M.).		909-B SETON	DRIVE, CUMB	ERLAND), MD. 2	1502
	23a. E	BURIAL, CREMATION (SPECIFY) Burial	, removal L	23b. DATE Feb. 20		33. NAME OF C	chaels Cemete		rg	ATlega	any siMD

DHMH-16 50M 7/77 (VR A 15 (4))

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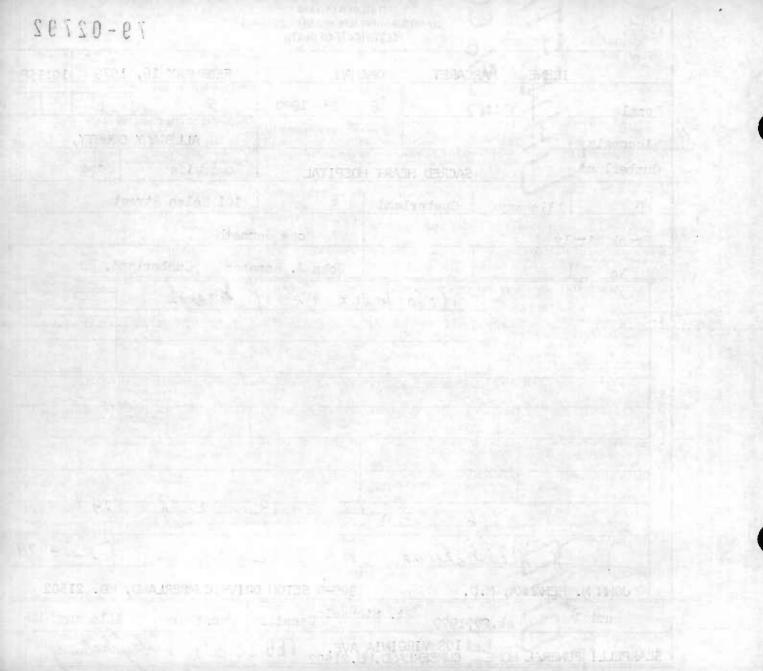
24. FUNERAL DIRECTOR

SCARPELLI FUNERAL HOME

108 DR FIRGINIA A CUMBERLAND MD.

FEB 22

BY REGISTRAR 256 DEGISTRAR SEIGNATURE



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	DEC	EASED NAME OR PRINT)	Stev		Aller			List Lson	CAILO		2g. DATE		NO.	омтн -15		EAR	2b. HOU
	SEX Ma	a le	RACE White	5. DATE OF BIRT		6. AGE (IN YE. LAST BIRTHO.	ARS IF UN	NDER 1 YR.	IF UNDER		Ic. DATE PRONOUN DEAD	NCED	2-1	5 - 7	7 9 7 9	YEAR 10	2d. HOU 53a
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C	uı	nber la	of DEATH	Sacred	Hea!	treet Address)	pit		ITION	12a. USU FOR M	AL OCCUP Stude	PATION IKING LIFE)	(TYPE OF W	/ORK 12	OR INI	OF BUS DUSTR	SINESS
30	W	iva.	IF IN NURSING HOME ITSD, COUL MILI	OR OTHER INSTITUTION NTY 1era 1	13 CITY	OR TOWN	ON)	13d. INSIDE	NOX		ET ADDRE	ss .#2	BO	X# 2	29		
6a	g. W/	HER'S NAME FIRST	EVER IN U.S. AR	MIDDLE	NE	LAST LSON CIAL SECURIT	Y NO.		ER'S MAIDE OYCE MANT			NEL:	50 N 1	MORI	RIS		
	(YES	NO, OR UNKNOW	(IF YES, GIVE	E WAR OR DATES)	236-	-11-728			E MORI	RIS R	FD# 2			RII	APPRO:	(IMATE I	VVA .
		PARTIDE 912	ATH WAS CAUSE	D BY: ATE CAUSE (a)		SEQUENCE (rain	Dea					143	A C	ONSET .	AND DEATH
	7	gave rise	s, if any, which to immediate stating the under	(b)		ISEQUENCE (A	L	riati				-45				
		lying caus	e last.	(c)					enta l		nging	3				l1	
TION		19a. DATE OF				WHICH OPER				tf 1 (a).					I		Me
CERTIFICATION	THE PERSON NAMED IN		CAUSE WAS		OF INJURY	WINCIT OF ER									20. AUTO		NO 🕃
MEDICAL CE	MCAL CI	UNDERLYING	OR CAUSE OF	DEATH 9:36	M. ZONIH	L-7 9 YEAR	H	ange	occurrei gel	fir	1 COL	Jrse	of	p I	layi	ng	
MED		WHILE AT WORK	NOT WHILE AT WORK	STREET,	E OF INJURY			CATION	Rid	g e l e	CITY OR TOV	"Min	era	I,	W.V	a .	STATE
1		22a. I certify death resulte		ge of the remains o	described abo		Autop		Inspection		Inquiry rmined ma	X,	and in n	ny opin	ion		
		ACTUAL SIGNATURE	Bene	dict	bita	rale	M M	.D	Buty	MEDI	CAL EXAM	INER		ATE IGNED.	2-1	5 - 7	79
	_	XAMINER'S N TYPE OR PRIN	IAME T)	edict S			М.	ADDRESS_	R#9,0			nd,	Mar	yla	and	21!	502
	(SPE	BURIA :		236. DATE FEB 18 '		ST LAW			RK	LAV.					RYLA	ND ^{sta}	TE
49.	S	Mcox	-Merrit	tt, Con	mber la	and, 1	ary	land	250. DATE R		1979				HATURE HOCK	ody	

OR ATTENDING PHYSICIAN: The law requires that the death certificate be

retained by the hospital or attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages I and 2 should be filed within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal. with the State capt, an incommendation of the state of th

executed within 24 hours after death. Page 4 may be

STATE	OF	MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	1-	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYGI ICATE OF DEATH	REG. NO	79-	02	794
H	1. DEC	CEASED NAME FIRST	110191	MIDDLE	L	AST	2a. DATE OF DEATH	MONTH DAY	YEAR	26. HOUR A
	1,	John	n v	Villiam	N:	iland	February	5, 197	9	9:25 M
	3. SEX	(4. RACE		5, DATE C		6. AGE (IN YEARS LAST BIRT	HDAY) IF UN	HS DAYS	IF UNDER 24 HRS
	M	ale	Caucas	ian	03/	/04/91	87	YRS.		HOURS MIN
1	CC	RTHPLACE ISTATE OR FOREIGN DUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIEI	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF	DEATH	
2		iedmont, W.			WIDOWE	D DIVORCED	Allegany			MD.
0	0	ty or town of DEATH	Lions	Manor Nu	ADDRESS)	ROTHER INSTITUTION G Home	TYPE OF WORK FOR MOST O Rail Road	F WORKING LIFE) 1	NDUSTRY	naster
6	13a S		ME OR OTHER INSTITUTION OUNTY Legany	GIVE RESIDENCE BEFORE 134. CITY OR TOWN Cumberl	N	13d. INSIDE CITY LIMITS?	310 Park	St.		
1		THER'S NAME FIRST	MIDDLE	Nilan	ıd	Catherine	WIDDLE		DOV	wd
		AS DECEASED EVER IN U.S	ARMED FORCES?	166 SOCIAL SECU		BUSIME'S Off	fice-Lions	Manor	Nursi	ing Hm.
		No		705-10-	6377	Seton Drive	ext., Cum	be rland		. 21502
	No	Conditions, if ony, whice gove rise to immediate cause (a), stating the underlying cause lass	DUE TO, CO b c b c DUE TO, CO b c c DUE TO, CO c c DUE TO, CO c DUE TO, CO T T T T T T T T T T T T T	OR AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERMI		DITION GIVEN I	N PART 14	D)
2	CERTIFICATION	190. DATE OF OPERATION	196 COND		OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WE		
1	TIEK						YES NO	IN CERTIFYING	CAUSES	OF DEATH?
1		210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING [] CAUSE C (IF EITHER, NOTIFY MEDICAL EXAM	DE DEATH HOUR A	DF INJURY .M. MONTH DA .M.	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1	OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	CITY OR FOV	vn c	COUNTY	STATE
		22a.1 certify that (1) (this I saw the deceased aliv abave, (1) (we) (did) (d	e on 2/	2 197		d that in (my) (aur) opinion d	, ta <u>2 – 3</u> death accurred an the de			that (1) (we) last causes stated
		22b. SIGNATURE	laan	enn	n	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI DIRECTOR PHYSIC		22c. DATE 2 -	5-79
B		22d. PHYSICIAN'S NAME (1	YPE OR PRIMI	mm		22e ADDRESS 915	Seton Dri	ve		
		Michael Mo	ntgemery	M.D.	100	Cumb	perland, M	d. 2150	2	
	23a. B	BURIAL, CREMATION, REMO	VAL 23b. DATE	23c. N	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	cou	NTY	STATE
		Burial	Feb.8	3,1979 S	unse	Memorial P	k Cumberl	and Al	lega	ny Md.
	24 FU	INERAL DIRECTOR	Home, C	ADDRESS	d N	laryland	REGD. BY RECISIRAR	ZOD. WEGIS JRAR	2 SIGNA	URE -
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STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Johnson Funeral Home, Berkeley Spas. W. Va.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VR A 15 (4))

STATE OF MARYLAND

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

02700

1.	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	1 9	- 02	133
	CEASED NAME FIRST	MIDDLE	i.	AST	20. DATE OF DEATH	MONTH D	AY YEAR	2b. HOUR
(1172	MARI	KLE D.	SHOP	EMAKER	FEBRUARY	1, 1	979	3:45Pm
3. SE	x [al e	White	S. DATE C		6. AGE (IN YEARS LAST BIRTH		IF UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
0	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COL	UNTRY? 8. MARRIEI WIDOWE	NEVER MARRIED D	9. BALTIMORE CITY OF	R COUNTY	OF DEATH	MD
10. C	UMBERLAND	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G	NURSING HOME C		120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF	ON		F BUSINESS OR
13a	AL RESIDENCE (IF NURSING HOME COUNTY TO THE NURSE HOME COUNTY	PROTHER INSTITUTION, GIVE RESIDENTY 136 CITY (NCE BEFORE ADMISSION)	13d INSIDE CITY LIMITS? YES NO 🛣	136. STREET ADDRESS Box 65			
14. FA	ATHER'S NAME FIRST Ray	Shoemak		Addie	S.		Maus	st
160 \	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	AL SECURITY NO. -14-3925	Mayo Shoen	naker, Box	ss 65,	Sprin	ngs,Pa
	18. CAUSE OF DEATH IEnter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (b), storing the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost.							
CERTIFICATION		CONDITIONS CONTRIBUTE CONDITIONS CONTRIBUTE 196 CONDITION FOR	24.		WINAL DISEASE OR CONDITION GIVEN IN PA		, WERE FINDIN	IGS USED
MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MÉDICAL EXAMINE 21d. INJURY OCCURRED NOT WHILE NOT WHILE	NDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM ICAL EXAMINER) P.M. 19 RRED 21e. PLACE OF INJURY 21l. LOCATION STREET CITY OR TOWN						STATE
direction and the second	22a. I certify that (II) (this hospital) attended the deceased from sow the deceased alive on obove, (I) (wg) (did) (did not) view the body offer death. DEGREE ATTENDING ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN						,	
1		OR RINT) NJUA	f V (PHYSICIAN D 27e ADDRESS MEMORIAL I		10. F	UMBERI	AND, M
	BURIAL CREMATION, REMOVA (SPECIFY) Burial	23b. DATE 2-4-1979		emetery or crematory s Cemetery	Springs		erset	, Pa.

DHMH - 16 50M 7/77 (VR A 15 (4))

24 FUNERAL DIRECTOR Grantsville, Md. Springs, Somerset, ec'd. By REGISTRAR'S SIGNATURE Somerset, Pa.

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR 79-02800 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME MIDDLE 20. DATE KNOWN 2b. HOUR (TYPE OR PRINT) OF ESTI-2/ O'THE VINETAL DIRECTOR.
AGE S FOR YOUR FILES.
RAILED, WITHIN 72 HOURS.
301 V. PRESTON STREET, THOMAS SIGLER TOHN 3. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2d. HOUR DATE LAST BIRTHDAY PRONOUNCED 4-22-1912 White 66 YRS DEAD Male 7b. CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH POREIGN COUNTRY) MARRIED ANEVER MARRIED U-S-A Allegany WIDOWED DIVORCED IO CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE)
Celanese Retired OR INDUSTRY Frostburg Rt;1 3. RETAIN SHOULD BE SHOULD BE USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY Allegany 130 STREET ADDRESS Frostburg Rural Rt. #1 3a. STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Frostburg NO. MD OFVITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME S. Edith MIDDLE MIDDLE EAST FIRST Poland Charles Sigler FORM 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCTAL SECURITY NO. 17. INFORMANT DIVISION B. GIVE P. WITH FO T. PAGES (YES, NO. OR UNKNOWN) 214-07-3642 Mrs. Evelyn Sigler APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).) BURIAL TRANSIT PERMIT PART I DEATH WAS CAUSED BY Coronary Occlusion Sudden IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSCIUENCE OF COPONARY Sclerosis Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. AND CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to MEDIC E USED AS A I 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL YES 🔲 NOV BE E 3 SHOULD BE E DEPARTMENT (21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART.) OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME 21f. LOCATION 21d. INJURY OCCURRED NOT WHILE STREET, FACTORY, FARM, ETC.) STATE WHILE CITY OR TOWN COUNTY STATE C AT WORK AT WORK TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P, AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 213 Inspection X 22a. I certify that I taak charge of the remains described above, held an Autapsy Inquiry and in my apinian Natural causes Hamicide L death resulted fram: Undetermined manner SIGNATURED Benedict Skitarelic EXAMINER'S NAME (TYPE OR PRINT) **ADDRESS** 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a.BURIAL, CREMATION, REMOVAL 23b. DATE COUNTY STATE (SPECIBURIAL /1979 Memorial Park Frostburg AlMegany BP. MD 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **DHMH - 17** Eichhorn Funeral Home Lonaconing, (VR A15 ME (5)) 30M 7/73

STATE OF MARYLAND

19-02800

\$	1	FOR - STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE REG. NO.	79-02801
		CEASED NAME FIRST CLAUDE	A.	SLAYDON, SR.	FEBRUARY 2	
ge 4 mag	3 SE	x MALE	4 RACE WHTTE	5. DATE OF BIRTH MONTH DAY YEAR 114 8-1906	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
death. Parunerol dir	V	IRTHPLACE (STATE OR FOREIGN OUNTRY) IRGINTA	76 CITIZEN OF WHAT COUNTRY	* MARRIEDA NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR CO	MD,
by the filled with		ITY OR TOWN OF DEATH	MEMORIAL HO		126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK SUPR •MILLROON	
BALLIMOKE, MARYLAND 21201 cote be executed within 24 hours or ysicion and completely filled in by opers. Pages 1 and 2 should be file int, the medical examiner must be not, the medical examiner must be not.		ALRESIDENCE (IF NURSING HOME OR STATE 13B COUN MARYLAND ALLEG	OTHER INSTITUTION, GIVE RESIDENCE BEFO ITY 13c CITY OR TOV ANY CUMBERLA	ND YES X NO [13e STREET ADDRESS 721 COLUMBIA S	ST.CUMB,MD
completed with		WILLARD	SLAYD		MIDDLE ADDRESS	BARROW
te be execution and of cition and of cition and of the medical	160	YES WW	11 223-01-	8943 MRS. CHARLOTT	E E. SLAYDON.	CUMB, MD APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
201 W. PRESTON ST., es that the death certifu ned by the ottending ph please remove corbanp ural, cremation, or remo v, or other traumatic ever	NOI	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSEQUENCE OF THE PROPERTY OF THE PROPE	JENCE OF CON Pull	Certa CUD	1473
VITAL RECONTAINS. A.Y. The low rehysicion. Icate has been roast permit. I hygiene prior. 18 shows ony i	CERTIFICATION	190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING		H OPERATION WAS PERFORMED	YES NO	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO
DIVISION OF DING PHYSICIA or offerding pl After this certif se as the buriol-1 solth and Mental marked or frem	MEDICAL CI	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a 1 certify that (1) (this hospit	HOUR A.M. MONTH E P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, tol) ottended the deceosed from	DAY YEAR 19 211 LOCATION STREET	RED (ENTER NATURE OF INJURY IN ITE	COUNTY STATE
by the hospital by the hospital BEAL DIRECTOR e detoched for u State Dept. of His ANT: If Item 21 is		sow the deceased alive on, obove, (I) (we) think (did no 22b. SIGNATURE)	Pland	DEGREE PATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN [
TO HOSPITAL Cretained by the TO FUNERAL Byould be detoo with the State DIMPORTANT: If	226		ISMAN, MD.	59 G	REENE STREET	21502
BP		BURTAL UNERAL DIRECTOR	2-27-1070 ST	MARY'S CELETERY O BALTIMORE AVE	23d. LOCATION CITY OR TOWN CUMBERLAND A TERECO BY REGISTRAP 25.	COUNTY STATE LLEGANY MD
DHMH - 16 50M 7/77 (VR A 15 (4))	29. 1	NAME	FUNERAL HOME, IN	C. CUMB, MD.	RU1 1979	fry / Usedy

79-02801					
FEBRUARY 24, 1379 4:00	. 82 . 110	SLAYE	.A	BOUALIO	
	(d. () -				
			MEMORIAL		CUMBER
Markette Land of					
REENE STREET REELAND, MO. 21502	98		MAR. NO.		
Ext and the transfer	184U2				

injury, ar ather traumatic event, the medical examines must be notified at ance.

IMPORTANT: If Hem 21 is marked ar Item 18 shaws any

24. FUNERAL DIRECTOR
SCARPELL | F

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

BY REGISTRAN 236. REGISTRANS SIGN WIRT

	1-	FOR STATE REGISTRAR			EALTH AND MENTAL HYG	REG. N		-02	802
ĺ		CEASED NAME FIRST SUSA	N KAY	STEVENS	AST	14.0	6, 1979	Y YEAR	7:45A M
	3. SEX		4 RACE	S DATE C		6. AGE (IN YEARS LAST BIR		UNGER I YEAR	IF UNGER 24 HRS HOURS MIN
	F	emale	White	Dec		32	YRS.	JAINS GAIS	THOOKS MAY
		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHA	T COUNTRY? 8	D NEVER MARRIED	9. BALTIMORE CITY			
5	M	laryland	USA	WIDOWE		ALLEGANY	COUNTY		MD.
13		ty or town of death umberland	(IF NOT IN SUCH FAC	PITAL, NURSING HOME C LILITY, GIVE STREET ADDRESS) HEART HOSPI		12d USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Housewif	OF WORKING LIFE)	12b. KIND O INDUSTRY Own]	Home
A Comment	Ma	THER'S NAME	egany	Cumberland	13d. INSIDE CITY LIMITS? YES K NO C	ME	hades l		
1		Leo Hi Ho	vatter	LAST	Jean L	. Wassenaar		LAS	T .
1	16a V	AS DECEASED EVER IN U.S. AR	MED FORCES? 166	SOCIAL SECURITY NO.	17 INFORMANT	ADDR			
		ES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)		Mr. Michael	A. Stevens.	Cumber	rland.	Hushand
CHAIL CO.	No	Conditions, if any, which gave rise to immediate couse 101, stating the underlying couse lost. PART 2 OTHER SIGNIFICANT ((c)	A CONSEQUENCE OF	NOT RELATED TO THE TERM	AN N'Z	IDITION GIVER	N IN PART 10	01
7	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION	N FOR WHICH OPERATIO	N WAS PERFORMED	20g AUTOPSY?	IN CERTIFY	WERE FINDING CAUSES	OF DEATH?
7	MEDICAL CERTI	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 216. INJURY OCCURRED	21b. TIME OF IN. HOUR A.M. P.M.	MONTH DAY YEAR	21c. HOW INJURY OCCURE	YES NO	YES	-	NO [
	MEC	WHILE NOT WHILE AT WORK		ACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TO	WN	COUNTY	STATE
The second second		228.1 certify that (1) (this haspi saw the deceased alive an above, (1) (well-did) (did no 22b. SIGNATURE	1) view the book often	r death. 19 7 9 , or		death accurred an the d	FF		
1		226. AHYSIZIAN'S NAME (TYPE O		-	22e. ADDRESS				
		JOHN MEHANNA,	M.D.		909 -B SETON	DRIVE, CUME	BERLAND	, MD.	
	230 B	URIAL, CREMATION, REMOVAL SPECIFY) UTIAL	23b. DATE Feb. 9, 19		rys Cemetery	23d LOCATION CITY OR TOWN		OUNTY Jegans	STATE

FUNERAL HOME, 108 VIRGINIA AVE., CUMB.

DHMH - 16 50M 7/77 (VR A 15 (4))

79-02802				
7:15		SAEVETEL	SOM KUA	2
		A .50		
CARA COUNTY,	11.11			bandgan
Head (217)		JATISSHI TEASH	SACKED	
		an adden	100 114	
	mar . money			THE COLUMN
Tun Manipadan Arriv				
CUMMERLAND, NO.	VIBE VIE 2	r- Nas-		1.1
. Market Land		us symmetry of	2,0,00	
		VISSILIA AVE., C		

79-02803 0.000 6. . . 3 20 1 fire tell to the house of the help of the help of the p n in 0 ____1 ii

The file to the file of the fi

STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

70-02804

1	REGISTRAR		CERT	IFICATE OF DEATH	REG. NO.	19-02	00.
	1. DECEASED NAME FIRST (TYPE OR PRINT) ALIC	E EQITH	SWANER	LAST		27,1979	26 HOUR 1:40P
	3. SEX Female,	4. RACE White		E OF BIRTH 16, DAY 1886 VEAR	6 AGE (IN YEARS LAST BIRTHD	MONTHS DAY	
5	70. BIRTHPLACE ISTATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF W	MARE	RIED NEVER MARRIED WED DIVORCED	9 BALTIMORE CITY OR Allegan	COUNTY OF DEATH	MD.
	CUMBERLAND	MEMORT	ACLITY, GIVEO'S PORTS		12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W HOUSEWISE,	WORKING LIFE) INQUSTR	OOF BUSINESS OR RY
	USUAL RESIDENCE (# NURSING HOME O 130. STATE 131 COU! W. Va. Mine	VTY	sive residence before admissions. CITY OR TOWN Ridgeley,	YES XX NO	130 STREET ADDRESS 148 Main S.	t.	
1	14 FATHER'S NAME FIRST SAAC	MIDDLE	VanMeter	15. MOTHER'S MAIDEN NA FIRST Hannah	WIDDIE		Kenzie
	16a WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (# YES, GIV	RMED FORCES? E WAR OR DATES)	16b SOCIAL SECURITY NO		leakley, 148	Main St. R	26753 Lidgeley,
		CONDITIONS COI	home of	UT NOT RELATED TO THE TERM			
1	NO DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	7 21b. TIME OF	ION FOR WHICH OPERAT			20b. IF YES, WERE FINI IN CERTIFYING CAUS YES	NO [
	O TO CONTRIBUTING CAUSE OF DE (HE EITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	HOUR A.M P.M 21e. PLACE O	A. MONTH DAY YEA	9 21f. LOCATION	CITY OR TOWN	COUNTY	STATE
	22a.1 certify that (1) (this hasp sow the deceased alive or above, (1) (we) (did) (did no 22b. SIGNATURE	2/27/	1975	ond that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN II	death accurred on the date	22c. DA	the couses stated
	DR. PETER H	IALMOS		22e. ADDRESS	HOSPITAL,	1	ND, MD.
	23a. BURIAL, CREMATION, REMOVAL SPECIES BURIAL	3/2/79		F CEMETERY OR CREMATORY LEST Burial Par	23d LOCATION CITY OR TOWN Cumberlan	d. Allegan	y Maryland

BP.

should be detached fo with the State Dept. of

MPORTANT: If Item 21 is marked or Item 18 shaws any

DHMH - 16 50M 7/77 (VR A 15 (4))

24. FUNERAL DIRECTOR

23c. NAME OF CEMETERY OR CREMATORY Burial 3/2/79 Hillcrest Burial Park

4 FUNERAL DIRECTOR

H. Wayne George 202 Greene St. Cumberland, Md

Allegany Maryland

979 11 11 10	FEBRUARY 27.1		SWANER	177	
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den Home	, ship was off		AC HOSPITAL		UNBERLAND
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	HOSPITAL, CUMB			2011AH 83	THE VECT
לבימטער וליוצוי	the Conservente, A	st Buriot Pa	aroldin	1/2/0	Binide
		11.02			

DIVISION OF VITAL RECORDS, 201 W. PRESION SI., BALLIMORE, MARILLAND 21201	
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 Mov Tegnined by the hospital or attending physician.	1
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page, should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hours after deal with the State Dept. of Health and Mental Hygiene prior to burial, crematian, or removal.	den

STATE OF MARYLAND FOR

SILCOX-MERRITT FUNERAL SERVICE CUMBERLAND MD.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-02805

REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	1.00.	
I. DECEASED NAME FIRST	WIDOLE	1	AST		MONTH DAY	YEAR 26 HOUR
(TYPE OR PRINT) FRAN	K E.	TAYLOR		FEBRUARY	17. 197	9 2:35F
3. SEX	4. RACE	5. DATE C		6 AGE (IN YEARS LAST BIRT		R 1 YEAR IF UNDER 24
MALE	WHITE	AUG	7 190/4 YEAR	771	YRS.	OAYS HOURS A
Za. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT	COUNTRY? 8	37 *** =	9 BALTIMORE CITY O		ATH
COUNTMARYLAND	USA	MARRIE	D NEVER MARRIED L	ATTEC	A BYSE	
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPIT		OR OTHER INSTITUTION	ALLEC	ON 12b.	KIND OF BUSINESS
CUMBERLAND	(IF NOT IN SUCH FACILITY	Y, GIVE STREET ADDRESS)	ORIAL	(TYPE OF WORK FOR MOST OF		UTO GARAG
USUAL RESIDENCE (IF NURSING HOME)	OR OTHER INSTITUTION, GIVE RES		OKIAL		ANAGEN-A	UIU GARAG
"130 STMARYLAND 136 AQ		VARLOWN	YES NO M	13 NORTH I	AVALE ST	REET
14. FATHER'S NAME	MIODLE	LAST	15. MOTHER'S MAIDEN NA	WIOOFE		LAST
JOHN'	T. T	AYTOR	MARY	R.	MOOREHE	
16a. WAS DECEASED EVER IN U.S. A	RMED FORCES? 16b SC	OCIAL SECURITY NO.	17 INFORMANT	ADDRE	SS	
NO NO	10	67-05-5989	MARION TAYLO	OR 13 N. LAV	ALE ST.	LAVALE MD
18 CAUSE OF DEATH (Enter of	inly one cause per line far	(a), (b), and (c).)	, , , , , , , , , , , , , , , , , , , ,	/ \		APPROXIMATE INTERVALETWEEN ONSET AND DE
PART I. DE ATH WAS CAUS	ED RY.	arcci ou	untosis o)	the live	-2	2 weeks
Canditions, if ony, which gave rise to immediate couse 10), stating the underlying cause last. PART 2. OTHER SIGNIFIC ANI	(c)	CONSEQUENCE OF	NOT RELATED TO THE TERM	AINAI DISEASE OD CONI	NITION CIVEN IN	DART Vol
196 DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING		lliter	NOT RELATED TO THE TERM	MINAL DISEASE OR CONE	JITION GIVEN IN I	- AKT 1(01
S 190 DATE OF OPERATION	196 CONDITION F	OR WHICH OPERATIO	N WAS PERFORMED	20s. AUTOPSY?	20b. IF YES, WERE	FINDINGS USED AUSES OF DEATH?
FILE			FF 1854	YES NO	YES 🗌	NO 🗌
OR CONTRIBUTION CALLES OF D	LAIN	RY ONTH DAY YEAR 19	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR	PART 2}
THE STITLER NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e. PŁACE OF INJU (AT HOME, STREET, FACT	URY TORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOW	n cou	INTY STATE
226.1 certify that (1) (this hos saw the deseosed alive o obove, (1) (whi) (bid) (did n	~ /	4 453	nd that in (my) (our) opinion	deoth occurred on the do	ite and hour and f	7 , that (I) (we)
72b. SIGNATURE	111150		DEGREE DATTENDING PHYSICIAN [MEDICAL STAF	F	2 20/7
22d. PHYSICIAN'S NAME (TYPE	11. A		59 GREE	ENE ST	Com	BEPLANI
230. BURIAL, REMATION, REMOVA	23b. DATE FEB 20 79		EMETERY OR CREMATORY	PARK LAVALE	ALLEGAN	
24 FLINEPAL DIPECTOR			75c DA	TE REC'D BY REGISTRAR	75h REGISTRAR'S	SIGNATURE

FFB 2

DHMH-16 50M7/77 (VR A 15 (4))

BP.

TERMINARY 17, 1978 12135	800	YST .		
	Acor to pile		gn	CAR OUZPEAN
ALLED OTHER MONEY FOR CORN	TAN TENEBRAM			CUMBERLAND
Copie may a way 25		SINVA	YHADLISA	COUNTRIAN
increasions is	P. W.			

DHMH - 16 50M 7/77

(VR A 15 (4))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYG
CERTIFICATE OF DEATH

79-02806

- STATE REGISTRAR REG. NO I. DECEASED NAME 20. DATE OF DEATH 26. HOUR 5:20 PATRICIA ANN MALLOY TAYLOR FEBRUARY 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 27, 1925 AR OAYS HOURS White Nov. H. BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED USA Maryland ALLEGANY COUNTY DIVORCED T WIDOWED II. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY SACRED HEART HOSPITAL Cumberland Housewife Own Home ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET_ADDRESS Vale Roger Way Allegany La YES X NO F 15. MOTHER'S MAIDEN NAME LAST LAST Margaret O'Rourke John A. Malloy MAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) Mr. Casper R. Taylor, LaVale, Md. Husband APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 19a DATE OF OPERATION 200 AUTOPSY 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO P YES [NO [210 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 71d INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE AT WORK 22a. | certify that (1) (this hospital) attended the deceased from sow the deceased alive on, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the bady after death 226 SIGNATURE DEGREE 77c DATE SIGNED ATTENDING STAFF PHYSICIAN HOIRECTOR PHYSICIAN 27d. PHYSICIAN'S NAME LIXAGOR PRINT 22e ADDRESS CLARENCE J. VINCENT M. D. 909-B SETON DRIVE, CUMBERLAND, MARYLAND 21502 23g. BURIAL CREMATION, REMOVAL 73b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE SS. Peter & Paul Cem. Feb. 5, 1979 Burial Cumberland, Allegany, Md 250. DATE REC'CL BY REGIS RAR 256. RECISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR FUNERAL HOME. 108 VA. AVE. CUMB. MD.

SCREPELL FIREAL MONE, FOR VA.AVE., CURR., NO.

7		FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 79-0
	m c	I. DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH DAY YEAR
y be	death death	Helen	(E) Eliza	beth Thomas	February 2, 1979
9		3. SEX	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE IN YEARS LAST BIRTHDAY] IF UNDER LYE
ge 4	\$ COLUMN	Female	Caucasian	04/19/99 YEAR	79 YRS.
Pogo.	D O	70 BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH
death.	The same	Cloppers, Md.	USA	WIDOWED DIVORCED	Allegany
ţē.	within 7	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTITUTION	126. USUAL OCCUPATION 12b. KINI (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUST
1201 50rs of	by the filed will	Cumberland	Lions Manor Nu	rsing Home	Housewife Hom
RYLAND 212	and 2 shauld be	T3a STATE 13b CO	or other institution, give residence before UNITY 13c CITY OR TOW Cumber 1	N 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 115 N. Ceder St.
2YL	2 sh	14 FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	
WA Ped	ond on on	William	Trail	Mary	(Ka.) Cahill (Hill
ORE,	ond co	160 WAS DECEASED EVER IN U.S.	GIVE WAR OR DATES)	Business C	ffice-Liange Manor Nu
LTIMORE be execu	Poor	no	181-12-	0538 Seton Driv	e ext., Cumberland,
VST., BALI	physicia an papers emaval. event, the	18 CAUSE OF DEATH LEnter PART I, DEATH WAS CAU IMMED	only one couse per line for (a), (b), on ISED BY:	levatie Cardi va	cular Disease
W. PRESTON	d by the attending leose remave carbo ial, crematian, ar 11 or ather traumatic	Conditions, if any, which gove rise to immediate couse (0), stating the underlying couse lost.	DUE TO, OR AS A CONSEOUI (b) DUE TO, OR AS A CONSEOUI (c)	NCE OF	
, 20 ires t	gne bur ry.	PART 2. OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVEN IN PART

12b. KIND OF BUSINESS OR NG LIFE) INDUSTRY Home St. (Hill anor Nursing Hm. rland. Md. 21502 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH GIVEN IN PART 1(0) CERTIFICATI 190. DATE OF OPERATION 206. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOT YES T NO [210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive on and that in (my) (our) opinion death accurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS 915 Seton Drive Michael Montgomery, M.D. Cumberland, Md. 21502 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE COUNTY STATE Burial St. Marys Cemetery Cumberland, Allegany. Md 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR James F. Scarpelli, Cumberland, Md.

IF UNDER I YEAR

MONTHS DAYS

9:40

HOURS

IF UNDER 24 HRS

BP.

FUNERAL DIRECTOR: After

TO FUNERAL DIRECT should be detached for with the State Dept. o

certificate has been the burial-transit permit.

or Item 18

is marked

DHMH - 16 50M 7/77 (VRA 15(4))

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	n h (15)	A Service		THE PERSON NAMED IN
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FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REG. NO.

79-02808

		REGISTRAR				-					REG. NO.	. 0	0 -		
		CEASED NAME OR PRINT)	FIRST	M	IDDLE		LAST			20. DATE OF D	EATH MON	TH DAY	YEAR	2b. HOU	JR
	(IIII		INNA	E Kath	erine	VERN	MILYE	Α	OME.	FEBRU	ARY 1	7, 1	979	12:	: 05A
779	3. SE	X	4	RACE			DATE OF BIF		VEAD	6. AGE (IN YEAR	LAST BIRTHDAY) IF (JNDER I YEAR	IF UNDER	R 24 HRS
1		Female		white	2	\$	ept.	1,01 189	5	83		YRS.		HOURS	Mila.
		RTHPLACE (STATE OR FO	DREIGN 71	CITIZEN OF W		TRY? 8	ARRIED	NEVER MAR	RIED 🖄	9. BALTIMORE			DEATH		177
		W. Va.		u. s.	Α.		DOWED [CED 🔲		llegan			200	MD.
1	10. €	ITY OR TOWN OF DEA		I, NAME OF H	OSPITAL, NI				пои	12a USUAL OC (TYPE OF WORK FO	R MOST OF WO	RKING LIFE)	12b. KIND O	F BUSIN	ESSOR
26		CUMBERLA						L	17 10	Domes.	tic,		Priva	te H	omes
26	13p. S	AL RESIDENCE (IF NURS STATE MYLAND	136 COUNT		GIVE RESIDENCE 13. CHTY, OR Cumbe		1 13d.	INSIDE CITY I	imits?	523 Gr	DRESS	+			
		ATHER'S NAME	meeg	urig	Canbe	- CCC/10		NOTHER'S MA			cene 3	n.,	-		
011		Walter	~	DDLE	Verm	ilyea		Mary		,	WIDDLE WIDDLE		Ten	nant	
		WAS DECEASED EVER	IN U.S. ARM		166 SOCIAL	SECURITY	NO. 17	NFORMANT			ADDRESS	Mo	. 215	02	
1		No,	(IF TES, GIVE W	AR OR DATES)	218-3	0-023	BEA M	rs. Ma	rgare	t L. Se	ll 523	Gree	ne St	. Cu	mb.
		18 CAUSE OF DEAT PART I. DEATH W			Nor io	Sond is	JE	STR	DIA	E-	CH	7	APPROXI	WATE INTE	YEAR
		431-	(DOUE TO DE	ASTONS	AQUENCE	SOF 19	0					011	In	1
		Conditions, if ony,		()b)_	101	OK	M	7	23.50				04	· WI	14
		gove rise to immo	g the	DUE TO, OR	AS A CONS	EQUENCE	E OF								
		underlying couse	lost.	(ic)											
	z	PART 2. OTHER SIGN	VIFICANT CO	NDITIONS CO	NTRIBUTING	O TO DEAT	H BUT NOT	RELATED TO	THE TERMI	NAL DISEASE C	OR CONDITIO	ON GIVEN	IN PART 1(0)	
	TI	190 DATE OF OPERA	TION	TION CONIDIT	ION FOR W	HICH ORE	PATIONIA	S PERFORME	:D	20a AUTORS	V2 1201	L IF VES W	ERE FINDIN	JOS HEE	<u> </u>
2	CERTIFICATION	2116	TION	140 CONDI	100	111	I V	Krokmi	.0			CERTIFYIN	G CAUSES	OF DEA	TH?
63	ERT	21a, ACCIDENT WAS UNI	DERLYING	21b. TIME OF	INJURY		210	HOW INJUR	Y OCCURR	YES NED (ENTER NATUR	E OF INJURY IN I	YES [1 OR PART 2)	NO [
7		OR CONTRIBUTING	CAUSE OF DEATH		A. MONTH	DAY	YEAR			_					
	EDICAL	(IF EITHER, NOTIFY MEDIC		P.A 21e PLACE C			19 21f.	LOCATION							
	ME	WHILE NOT WE	HILE	(AT HOME, STRE	ET, FACTORY, O	FFICE, FARM,	ETC.)	STREET	00	CI	TY OR OWN		COUNTY	5	TATE
		22a I certify that (I)	_	1) a modeli the	Alecensed for	rom. C	+15	13	. 17	to C	7119	19	17	thu d	we) lost
		sow the decease	//		-1	19/19	_, ond the	orun (my (ou) opinion d	leath occurred a	on the date o	nd hour or	nd from the	0	,
		22b. SIGNATURE	ala (did dot)	view the body o	ofte death.		DEGI	REE	,				22 DATE	SIGNER	_
		1 11)	-			1. 0.		NDING SICIAN	MEDICAL DIRECTOR	STAFF		6 H	10	4
		22d. PHYSICIAN'S NA	AME (TYPE ON	RINT)			22 e	ADDRESS	ISMOD		SPITA		ED CA	I P	ING
V		DR. G	UY W.	FISCU	IS. M.	D.			LIMBE		MAR			502	LUG.
	23a	BURIAL CREMATION		23b. DATE		23c. NAM		ERY OR CREA	MATORY	23d. LOCATI	ON	(0	LIMTY	,ST	ATE
	L'	SPECIE Burial	2716	2/20/7	79	Rose	Hill	Cemet		Cumb	erland				rylar
	24. F	UNERAL DIRECTOR		00.0	ADDRE:	SS O	, 2	502	25a. DATE	REC'D. BY REC	ISTRAR 25b.	REGISTRA	R'S SIGNAT	URE	VEG TO
	H	. Wayne Ge	orge 2	uz Gree	ne st.	, Cum	perla	id, Md.	1	LEB 21	19/19	per	refray /	nally	ad.

DHMH - 16 50M 7/77 (VR A 15 (4))

9-02808	Who is the	
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and the second	2. 65 600 1 700				
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MEDICAL BLAC.	RIAL HOSPITAL	MEMO	us, m. g.	DY W. FISC	o.se
	A Sunday of the				
	12000 199	14. 140	ene St. Comber.	the Liberty At	H. Hayley Ca

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

'	REGISTRAR			CEMII	FICATE OF DEATH	REG. N	o. 1 J	0 - 0 - 0
	CEASED NAME OR PRINTI	ra	Mae	Wal	ker	20 DATE OF DEATH February	20,	1979 8 25
3. SE	X	4 RACE		5 DATE MON	OF BIRTH TH DAY YEAR	6 AGE (IN YEARS LAST BIR		FUNDER I YEAR FUNDER 24 P
-	Female		White	Sep1	28 1874		4 YRS	
	RTHPLACE (STATE OR FOR	IGN 76 CITI	ZEN OF WHAT COL	JNTRY? 8 MARRII	ED NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY	OF DEATH
Ma	arvland		U.S.A.	WIDOW				Allegany
10 C1	TY OR TOWN OF DEAT		ME OF HOSPITAL,		OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION	126 KIND OF BUSINESS
Cı	umberland	4.	Llegany Co		11 777 77	Housekee		Home
USU/	AL RESIDENCE (IF NURSIN	G HOME OR OTHER IN	STITUTION, GIVE RESIDEN	CE BEFORE ADMISSION)		her	nome
		36 COUNTY	13c CITY C	_	138 INSIDE CITY LIMITS?	13e STREET ADDRESS		
	arvland L	Allega	ny I Cumb	perland	YES NO	216 Davids	son St	reet
III PA	FIRST	MIDDLE		AST	15 MOTHER'S MAIDEN NA	WIDDLE		LAST
	David	19.7	Wa	alker	& Lucy	Virg	inia	Litzenbu
	VAS DECEASED EVER IN	U.S. ARMED FO		AL SECURITY NO.	17 INFORMANT	ADDRI	630	Frederick St
1.	No	II TES, OTTE TEAK ON E		54-8524	Martha Lee	Honon	Cumb	perland, Md
	18 CAUSE OF DEATH PART I. DEATH WA Conditions, if ony,	S CAUSED BY: AMEDIATE CAUS DU which	ouse per line for (0).	Cute a	Perenary De	eleniere is	Cum	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
IIFICATION	18 CAUSE OF DEATH PART I. DEATH WA I/ Conditions, if only, gove rise to imme couse (a), stating underlying couse	S CAUSED BY: MMEDIATE CAUS Which diote the lost EICANT CONDITI	E TO, OR AS A COM E TO, OR AS A COM (c) ONS CONTRIBUTIN	NSEQUENCE OF NG TO DEATH BU	INOT RELATED TO THE TERM	MINAL DISEASE OR CON 200 AUTOPSY?	DITION GIVE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA FOR IN PART 110 WERE FINDINGS USED YING CAUSES OF DEATH?
CERTIFICATION	Conditions, if ony, gove rise to imme couse (o), stofing underlying couse PART 2 OTHER SIGNII 19a. DATE OF OPERATION OF THE COUSE (O), stofing underlying (O), stofing (O), stofing underlying (O), stofing underlying (O), stofing unde	S CAUSED BY: MMEDIATE CAUS DU which diote the lost EICANT CONDITI DN 196.	E TO, OR AS A COM E TO, OR AS A COM (c) CONDITION FOR TIME OF INJURY	NSEQUENCE OF NG TO DEATH BU	TNOT RELATED TO THE TERM	AINAL DISEASE OR CON 200 AUTOPSY? YES \(\) NO \(\)	DITION GIVE	EN IN PART 110 WERE FINDINGS USED YING CAUSES OF DEATH?
	Conditions, if ony, gove rise to imme couse (0), storing underlying couse PART 2 OTHER SIGNIE	S CAUSED BY: MMEDIATE CAUS Which diote the lost FICANT CONDIT! STYING 216. HG	E TO, OR AS A COM E TO, OR AS A COM E TO, OR AS A COM (c) IONS CONTRIBUTION CONDITION FOR	NSEQUENCE OF NG TO DEATH BU	TNOT RELATED TO THE TERM	AINAL DISEASE OR CON 200 AUTOPSY? YES \(\) NO \(\)	DITION GIVE	EN IN PART 110 WERE FINDINGS USED YING CAUSES OF DEATH?
MEDICAL CERTIFICATION	18 CAUSE OF DEATH PART I. DEATH WA Conditions, if only, gove rise to imme couse (a), stoting underlying couse PART 2 OTHER SIGNII 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDER OR CONTRIBUTING CA	S CAUSED BY: MMEDIATE CAUS DU Which diote the lost FICANT CONDITI DN 196. PLYING 216. HC EXAMINER) D 216.	E TO, OR AS A COM E TO, OR AS A COM (c) CONDITION FOR TIME OF INJURY DUR A.M. MONT	NSEQUENCE OF NG TO DEATH BU WHICH OPERATIO TH DAY YEAR	TNOT RELATED TO THE TERM	AINAL DISEASE OR CON 200 AUTOPSY? YES \(\) NO \(\)	206. IF YES IN CERTIFY YES RY IN ITEM 18, PA	EN IN PART 110 WERE FINDINGS USED YING CAUSES OF DEATH?

DHMH - 16 60M 1/75

BP.

(VRA 15(4))

24 FUNERAL DIRECTOR

FOR

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

404 Decatur St ADDRESS Silcox-Merritt Funeral Service. Cumberland, Md

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1.41 Colonia Bata and		Totals 200	Vellage and the	

STATE OF MARYLAND

. 6	1 -	STATE REGISTRAR	-		DEPART	CERTIF	ICATE OF DEATH		REG. NO.	9 - 02	810
		CEASED NAME OR PRINT)	FIRST	1	MIDDLE	t	AST	2a. DATE OF DE	ATH MONTH	DAY YEAR	2b. HOUR
			Willia	am	L.	War	rnick		2 -	- 6 -79	9:40 Am
	3. SE	Х	23 = - 1	4. RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS	AST BIRTHDAY)	IF UNDER 1 YEAR	
1	Ma	le		Caucasi	on	5	- 31 - 27	51	YRS		HOURS MIN
	7a. BI	RTHPLACE ISTATE O	REFOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D X NEVER MARRIED	9 BALTIMORE	CITY OR COUN	TY OF DEATH	
111		scow, MD		U.S.A.		WIDOWE		Allegai	ny Count	ty: Fros	tburg, MD.
0 .	10. CI	ITY OR TOWN OF D	EATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a. USUAL OCC		126. KIND	OF BUSINESS OR
51	Fr	rostburg			rg Commu		dospital, Inc	(117FE OF WORK FOR	MOST OF WORKING	TIPE) I INDUSTRE	
	USU	AL RESIDENCE (IF N	IRSING HOME OF	OTHER INSTITUTION		ADMISSION)		13e STREET ADD	DECC		
30		ryland	Alle		Lonacon		YES X NO			et Route	36 S
	_	ATHER'S NAME					15 MOTHER'S MAIDEN NA	ME			
010	Е.	Harry		MIDDLE	Warnic	<	Mary	M	IDDLE 1	Timney'	AST
7		VAS DECEASED EVI			166 SOCIAL SECU		17 INFORMANT		ADDRESS FY	rostburg	MD
1	()	VES, NO OR UNKNOWN)	(IF YES, GIV	WAR OR DATES)	212-24-	2058	Beverley Thom	nas, Med			
			ATH (Enter or		line for 1911, (b), on	dica	DEVEL (C) THOM	, rica	Cul_nec		XIMATE INTERVAL N ONSET AND DEATH
		PART I. DEATH	WAS CAUSE	D BY:	l are	2/2	Cinches	is		BE I WEEK	ONSEI AND DEATH
		1700	IMMEDIA	E CAUSE (o)			CONTROL I				
		Conditions, if or	av which	DUE TO, O	R AS A CONSEQUE	NCE OF	I taile	40			
	57	gove rise to i	mmediate	(0)			1	1			
		underlying cou		DUE TO, O	R AS A CONSEQUE	TYPE OF	Colo de			;	
	E.	PART 2. OTHER SI	GNIFICANT	ONDITIONS CO	ONTRIBUTING TO I	FATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OF	R CONDITION (SIVEN IN PART 1	(p)
	NO O										
	CERTIFICATION	19a. DATE OF OPER	RATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a. AUTOPS	? 20b. IF 1	YES, WERE FIND	INGS USED
06	Ŧ							YES N		TIFYING CAUSE YES	NO [
0	8	21a. ACCIDENT WAS L	t-	1100110 4			21c. HOW INJURY OCCURE	RED (ENTER NATURE	OF INJURY IN ITEM 1	8, PART 1 OR PART 2)	
	CAL	OR CONTRIBUTING		CIN .	M. MONTH DA	19					
	MEDIC	21d. INJURY OCCU		21e. PLACE	OF INJURY		211. LOCATION	a de	00.000	COUNTY	
	Ž	WHILE NOT	WHILE WORK	(AT HOME, STE	REET, FACTORY, OFFICE, F	ARM, ETC.)	STREET	CII	YORTOWN	COUNTY	STATE
		22a. I certify that	(I) (this hospi	tol) ottended th	e_deceased from_	1	130 1979	, to	14	19 76	, that (I) (we) lost
		sow the dece	ased plive on	19/1	(0 19	74.01	nd that in (my) (our) opinion	death accurred a	the date and h	nour and from th	e couses stated
		22b. SIGNATURE	I digertale no	1) view the body	offer death.		DEGREE			22c. DAT	E SIGNED
-			Uin	per at	/ Capi	10	ATTENDING PHYSICIAN	MEDICAL DIRECTOR [STAFF PHYSICIAN [Y	16/79
	0	22d. PHYSICIAN'S	NAME (TYPE C	PRINT)	6 Y		22e ADDRESS	DIRECTOR	THOICIAI V	/	1
1		Angel H	. Roque	e, M.D.			48 Broadway	Frostb	urg, Mai	ryland 2	1532
	23a E	BURIAL, CREMATIO			23c. 1	NAME OF C	EMETERY OR CREMATORY	23d. LOCATIC		COUNTY	STATE
	(SPEC#Y) Bui	rial	2/9/	179 T	aure	1 Hill Ceme	tery Mo	OSCOW.	A	Md
	24 Ft	UNERAL DIRECTOR	,				25a. DAT	E REC'D. BY REGI	STRAR 256. REG	ISTRAR'S SIGNA	THRE
		Eichhorn	1 Fune	eral Ho	ome Tor	nacon	ing, Md. FE	B 13 19	19 100	Michigan	Cresty

DHMH-16 60M 1/73 (VR A 15 (4))

C. F. Dan . Turkoupsend. Since Carrier of a Co. 12

	STATE OF MAI
FOR	DEPARTMENT OF HEALTH A

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-02811

		REGISTRAR			CEKITIF	ICATE OF DEATH	REG. NO	9	20.	40.0
		CEASED NAME FIRST	7	IDDLE	201	12/4	2a. DATE OF DEATH	A - 1	AY YEAR	26 HOUR
	3 SE	X	4 RACE	J. VV	5 DAVE C	F BIRTH	6. AGE (IN YEARS LAST BIRTH	HDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
		Female	White		Aug		96		NONTHS DAYS	HOURS MIN
ei ei		RTHPLACE (STATE OR FOREIGN		VHAT COUNTRY?	8		9 BALTIMORE CITY O	YRS R COUNTY	OF DEATH	
25		OUNTRY) Maryland	USA		WIDOWE	DIX DIVORCED	Allegany	-		MD.
pa		ITY OR TOWN OF DEATH	11. NAME OF H		G HOME C	ROTHER INSTITUTION	12a USUAL OCCUPATION	NC		F BUSINESS OR
to do	C	umberland	(IF NOT IN SUC)	FACILITY, GIVE STREET A	SINO	Center	Housewife	WORKING LIFE	Home	9
pe	USU	AL RESIDENCE (IF NURSING HOME OF		GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13e STREET ADDRESS		110111	
500		MD. Alleg		Flintsto		YES NO X	RFD#1 Box 2	37, F	lintst	ine, Md.
nine.	14. FA	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM			141	
210		Walter		Fisher		Eva			Ric	ce
dicol		WAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECUE		17 INFORMANT	RFD#D#1	SS Box	237	
a He		No		213-48-	9749	JI/Ethel Ben	mett Flints	tone,	Md. 21	L530
t, the		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	ly one couse per l			4			BETWEEN	MATE INTERVAL
even			E CAUSE (o)	Cardin	e c	nest			13	Heb. 79
umofic		conditions, if any, which	DUE TO, OR	AS A CONSEQUE	NCE OF),			19	67
ther tro		gove rise to immediate couse 101, stating the underlying couse lost	DUE TO, OR	AS A CONSEQUE	NCE OF					
ar other		PART 2 OTHER SIGNIFICANT	(c)	ALTRIBUTING TO D	E ATLL BUIT	NOT BELLIED TO THE TERM	IN ALDICE ACE OR COME	OTION OB	TALIBLE AND TO	
njury	N	arthutis	Delon	nons,	Dea	NOT RELATED TO THE TERM	. Aan	960	EN IN PART TO	
9 ms and	CERTIFICATION	190 DATE OF OPERATION	196 CONDIT	TION FOR WHICH	OPERATIO	N WAS PERFORMED	260 AUTOPSY? YES NO		, WERE FINDIN	
48 g ma		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	21b. TIME OF HOUR A.A	A. MONTH DA	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PA	ART 1 OR PART 2)	
ted or It	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE C			211 LOCATION STREET	CITY OR TOW	N	COUNTY	STATE
21 is marked		27a.1 certify that (I) (this haspi saw the deceased glive an above, (I) (we) (did) (did no		7 - 40	101 00	d that in (my) (our) opinion	to 13 Hu	te and hour		that (1) (ve) lost
7: F Fea		W. alfrei	1 Vm	40	iM.		MEDICAL STAF		22c. DATE	Fed.79
MPORTANT: If the		22d. PHYSICIAN'S NAME LTYPE O	LVn	Omesi	n.p	mem. Horp.	med. Buil	0. 6	umbe	land, my
2	230 E	BURIAL, CREMATION, REMOVAL				EMETERY OR CREMATORY	23d. LOCATION CUIT OR TOWN Cumber Land	Δ77	egany	Md .STATE
	24.5	Burial	Feb.16	,1979 Hil	Lcres	t Burial Park			0 +	
5		UNERAL DIRECTOR		ADDRESS	Cumbe	rland. Md. F	FR 16 1979	ZOD. KEGISA	AK S SIGNAT	Creedy
	Si	lcox-Merritt Fi	meral R	esidence	Juno		4 101 9		/	E/

DHMH - 16 60M 1/75 (VR A 15 (4))

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Maria La Caranta Maria			
		The second second	
		ALTERNATION OF	C. M. C. A.H.
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STATE OF MARYLAND FOR - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIEIC ATE OF DEATH

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		-	-11	1	U	- 8	J
REG	NO		-	-	-		_

	REGISTRAR			CEKTIFIC	CATE OF D	EAIN		REG. NO.	0	201	•
	DECEASED NAME FIR	ST MID	DLE	LAS			20. DATE OF I				2b. HOU
	Minni	e	E.	Wil	t		-	0:	2 1	8 79	12:1
3	SEX	4. RACE		S. DATE OF		VEAD	6. AGE IN YEA	RS LAST BIRTHDA		FUNDER I YEAR	IF UNDER 2
	Female	White		Q SXC	4 29	92	86		YRS.	INIHS DATS	HOURS
70	BIRTHPLACE STATE OF FOREIG	76 CITIZEN OF WH	HAT COUNTRY?	8 MADDIE	NEVER M	ARRIED [9 BALTIMOR	E CITY OR C			1000
33	COUNTRY) MD	Americ	an / /CA	WIDOWE		ORCED		N. W.	All	egany	
70	Cumberland	11. NAME OF HO	SPITAT NURSING			NOITUTI	120 USUAL O (TYPE OF WORK F House			12b. KIND C INDUSTRY)F BUSINES
35			ve residence before Bc. CITY OR TOWN Western	N 11	3d. INSIDE CI	TY LIMITS?	252 1	noress Main S	t.		
110	FATHER'S NAME FIRST Thomas	MIDDLE T.	Wilt		6	MAIDEN NA/	Platte			LAS	ST
7 16	WAS DECEASED EVER IN U		SOCIAL SECU		17. INFORMAL		4,310.5	ADDRESS			
de	No	2	220 44 6	415	Lawren	nce Wil	t, 258	Main	St. W	iesterr	port
ony injury, or on		ANT CONDITIONS CON	ITRIBUTING TO D				INAL DISEASE	PSY? 20	Ob. IF YES,	WERE FINDING CAUSES	NGS USED
d							YES 🗌	NOCE	YES		NO [
- //	21g. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSI (IF EITHER, NOTIFY MEDICAL EX- UNITED TO THE MOTOR CAUSI WHILE NOT WHILE AT WORK AT WORK	OF DEATH HOUR A.M. MINER) P.M. 21e. PLACE OF	MONTH DA	19	21t. HOW IN.		ED (ENTERNATU	CITY OR TOWN	I ITEM 18, PAR	COUNTY	STA
a Bo	220.1 certify that (I) (this	hospital) ottended he d	deceosed from 4	0	1121	. 19 1	, to	4/11	, 19	,19	that (I) (w
21 6	saw the deceased o above, (1) (we) (did)	ive an U U	ter death.	, ond	I that in (my)	(aur) apinian (death occurred	an the date	and hour o	and from the	causes sto
7. ¥ #em	22b. SIGNATURE	Matane	2	M) P		MEDICAL DIRECTOR	STAFF PHYSICIAN	٧ 🗆	22c. DATE	SIGNED
IMPORTANT: #	22d. PHÝSICÍAN'S NAME	(TYPE OR PRINT)			22e ADDRES	S					1
23	BURIAL, CREMATION, REM				METERY OR C		23d. LOCAT	TOWN		OUNTY	STA
-	Burial	Feb. 2	0,1979 F	Philos	Cemete					llegan	
7 24	FUNERAL DIRECTOR		ADDRESS			250. DAT	REC'D. BY RE	CISTRAR 25b	REGISTR	AR'S SIGNAT	URE
	Boal's Funer	al Service,	P.A. Wes	sternp	ort,Md	•		1871	-		

DHMH - 16 50M 7/77 (VR A 15 (4))

OR ATTENDING PHYSICIAN: The low

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1	- S	ATE GISTRAR				XAMINE						REG	NO.7 9	-02	181	4
		ASED NAME	FIRST	0	MIDDLE			LAST			20. DATE	KNOWN	MONT			2b. HOUR
1.0		14.0	Leon		ather			ung				ESTI- MATED	□ 2 -	21-79	<i>'</i>	10 p _M
	Fei	nale	White	5. DATE OF BIRTH	8 YEAR	6. AGE (IN YEAR LAST DIRTHDAY 70 YRS	MONTH	DER 1 YR.	HOURS	MIN.	PRONOUN DEAD	ICED	2-	21-79		2d. HOUR 10 PM
8	FORE	HPLACE (STATE OF	Va.	76. CITIZEN OF WI	HAT COUNT		MARRII	D A NE	EVER MAR	RCED	All	egan				MD
1	Cui	or town of the control of the contro	/	Memoria	1 Ho	spital-	[OA.	MOIT	120. US	MAL OCCUP MOST OF WORK	KING LIFE)	TYPE OF WORK	Beau	OF BUS NOUSTRY Ty SI	iness
USI 13a.	STA	Va.	HISTORY NO ME O	ROTHER INSTITUTION, GI		or town igeley	4)	13d. INSIDE (CITY LIMITS?		EET ADDRE	ss	5 Lyo	ns St		
14		HER'S NAME LERST LEXANDE	r	MIDDLE	Spo	ingler		Mo	vy Vy	DEN NAME	M	DDIE			st ter	
160	YES,	NO .		AED FORCES? WAR OR DATES)	16b. SOC	IAL SECURITY		Mr. I		eth R.	Youn	ADDRE	44			
	1	B CAUSE OF DE PART I DEATH	WAS CAUSED	y ane couse per line BY: E CAUSE (a)	for (a), (b),	and (c).)	CC	RONA	RY C	occius	SION			APPE BETWE	ROXIMATE IN	NTERVAL ND DEATH
	1	Conditions, in gave rise t	f any, which		AS A CON	SEQUENCE OF		COR	ONARY	SCI	EROSI	S				
		couse (a) stot lying couse la	ing the under-		AS A CONS	SEQUENCE OF										
NO.		ART 2 DINER SIGNIFIC	ANT CONDITIONS	DHTRIBUTING TO DEATH	BUT NOT RELAT	ED TO THE TERMIN	AL DISEASE	OR CONDITIO	ON GIVEN IN I	PART 1 (a),				(80)		7
CERTIFICATION	1	9a. DATE OF OPE	RATION	19b. CONDI	ION FOR W	VHICH OPERA	TION W	AS PERFOR	RMED?		- 03		92		TOPSY?	
		10. EXTERNAL CA		21b. TIME OF HOUR A.M		DAY YEAR	21c. HC	W INJURY	Y OCCURE	RED (ENTER	NATURE OF INJ	URY IN ITEM	18 PART 1 OR I		s 🗆	OSCON
MEDICAL	2	Id. INJURY OCCU	JRRED	21e PLACE C			21f. LOC	ATION			CITY OR TOV	VΝ	C	OUNTY		STATE
	1	AT WORK AT								200		DC-SC				
		220. I certify the death resulted fro		of the remains des	Accident	e, held an Suici	Autaps de		Inspecti cide	ion . Undet	Inquiry ermined mo		ond in my o	opinion		
	4 5	CTUAL	Zene	diet &	kita	reli	M.	1000	puty	MED	ICAL EXAM	INER	DATE SIGN	NED 2-	21-79	9
2	(XAMINER'S NAM		edict Ski						umber	land,	Mar	yland	2150	2	
	(SPE	Burial		2/24/79	Sui	ame of ceme uset Me	mori	al Po	ory	Cun	ortown 1berla	nd.	Alleg	any M	aryli	and
24.	G	eral director	H. Wai	ne George	e 202 aryla	Greene nd 2150	St.		250. DATE	B 27	REGISTRAI	R 25b. RE	GISTRAR'S	SIGNATU	E	

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